

APPLICATION FOR AN OPERATOR'S LICENSE

To serve Fermented Malt Beverages and Intoxicating Liquors
City of Rhinelander, Wisconsin 54501

I, the undersigned, do hereby respectfully make application to the local governing body of the City of Rhinelander, County of Oneida, Wisconsin for a License to serve, from date hereof to June 30, 201__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am ____ years of age. Date of Birth _____ Phone : _____

Place of Birth: _____(CITY/STATE)

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

--Name (Full First, Middle, Last): _____

--Address _____

--Is application new or a renewal? _____

--If renewal (within the past 2 years applicant held an operator's license, a liquor license or was an agent), in what city/town/village was the license obtained? _____

--As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____
Where: _____

--Have you been convicted of violating ANY law of the State of Wisconsin or of the United States (This includes felonies, misdemeanors, and all violations)? _____

--If so when: _____

--If so, Nature of violation(s): _____

--Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____

STOP HERE – You must sign this document in front of a Notary Public.

STATE OF WISCONSIN }
COUNTY OF ONEIDA } ss
CITY OF RHINELANDER }

_____(print name), being first duly sworn on oath says that she is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Applicant signature

Subscribed and sworn to before me this _____
day of _____, 2019

Where will applicant be working?

Notary Public, Oneida County, Wisconsin
My commission expires _____

FOR OFFICE USE ONLY:

Regular License _____ 60 day Provisional License _____ 60 Day Expiration Date: _____

Date Registered for School: _____ School Completed: _____

Amount Paid: _____ New _____ Renewal _____ Special Event Temporary _____

APPROVAL:

Date: _____ Chief of Police/Captain _____