Application for an Operator's License Town of Germantown, Juneau County

I, the undersigned, do hereby make application to the local governing body of the Town of Germantown, for a license to serve Fermented Malt Beverages and Intoxicating Liquor from the date hereof until June 30th of the following year, unless revoked or suspended sooner, subject to the limitations imposed by ss 125.32(2) and ss 125.68(2) of the Wisconsin State 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 is granted to me.

Full Name:_____
First Middle Last

Current Address:_____

City, State, Zip:_____

Telephone Number:_____ Date of Birth:_____

Driver's License #:_____ State:_____

Employing Establishment:_____

Have you EVER been convicted of a felony, misdemeanor, or ordinance violation other than minor traffic violations?

Date of Conviction:	Violation/Offense:	Jurisdiction:
_____	_____	_____
_____	_____	_____

Under penalty provided by law, the undersigned swears that he/she is the person who made the foregoing application and that the information supplied is true and correct. False, inaccurate, or omitted information may be grounds for denial of the application. The signer certifies that he/she is familiar with the laws and regulations pertaining to the sale of alcoholic beverages. Signer agrees to observe the provisions of the Town of Germantown ordinances, and the Wisconsin Statues. The signer agrees that the license, if granted, will not be assigned to another. **YOU MUST CARRY ON YOUR PERSON A VALID PICTURE ID ISSUED BY A GOVERNMENTAL AGENCY (DRIVERS LICENSE, PASSPORT, ETC.) AT ALL TIMES WHILE WORKING.**

Applicant's Signature:_____Date:_____

Sworn to and subscribed to me on this _____ day of _____, 20_____

_____Notary_____ Clerk_____

My Commission Expires:_____ or is permanent.

FOR OFFICE USE ONLY

Town Deputy's Approval:_____ Date:_____