

**APPLICATION FOR AN OPERATOR'S LICENSE
To Serve Fermented Malt Beverages & Intoxicating Liquors
Town of Milford, Jefferson County, Wisconsin**

Employer's Name: _____

Applicant's Name: _____

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Milford, County of Jefferson, Wisconsin, for a License to serve, from date hereof to June 30, 20___, 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: ___/___/_____.

Signature of Applicant

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Name Of Applicant: _____

Address of Applicant: _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license).

Where was the privilege obtained: City/Town/Village of _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____ If so, where? _____

Have you been convicted of any felony or of violating any law in the State of Wisconsin or of the United States? _____ Date of such conviction _____

Name of Court _____

Nature of offense _____

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

Nature of Violation _____

Name and address of physician signing your health certificate filed herewith (if required) _____

Dated _____

Signature of Applicant