

Phone: 262-677-4048 Fax: 262-677-4163 Website: www.town-jackson.com Washington County 3146 Division Road Jackson, WI 53037

2021

APPLICATION FOR A TEMPORARY "OPERATOR'S" LICENSE to serve Fermented Malt Beverages Only

EVENT LOCATION

EVENT DATE(S)	EVENT LOCATION
Wisconsin , for a Temporary Li 125.68(2) of the Wisconsin State	spectfully make application to the local governing body of the Town of Jackson, Washington County , icense to serve, Fermented Malt Beverages subject to the limitations imposed by Section 125.32 (2) and ites and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, lations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me
I certify that I am yea	ars of age.
Dated:, 20	Date of Birth
<i>Dutou</i> :, 20	Signature of Applicant
Answer the following que	estions fully and completely:
Name of Applicant (First, M	fiddle, Last):
Phone:	Alternate Phone:
manager's or operator's licen If yes, where was the privileg	we you held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a use? Yes No ge obtained? atutes 125.17(6), have you completed the Responsible Beverage Service Course, (or equivalent Yes No If you have not held a license in the Town of Jackson in the last three years, a copy of course completion certificate must be submitted with application.
Yes No	d of any felony or of violating any law of the State of Wisconsin or of the United States? If yes, date of such conviction
intoxicating liquors? Yes	d of violating any license law or ordinance regulating the sale of fermented malt beverages or No
Dated:, 20	Signature of Applicant