

Phone: 262-677-4048 Fax: 262-677-4163

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Washington County 3146 Division Road Jackson, WI 53037

## 2021

## APPLICATION FOR AN "OPERATOR'S" LICENSE

to serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Jackson, Washington County, Wisconsin,** for a License to serve, from date hereof to June 30, 2022, 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.

Answer the following questions	ully and completely – Please print:
Name of Applicant:	
Address of Applicant:	
Phone:	Alternate Phone:
I certify that I am years of ag	e Date of Birth
manager's or operator's license?  If you have	ou held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a  Yes No If yes, where was the privilege obtained?  ave not held a license in the Town of Jackson in the past three years, the license that you have held must be submitted with your application.
(or equivalent alcohol awareness	s 125.17(6), have you completed the Responsible Beverage Service Course, course)? Yes No Date of Completion ave not held a license in the Town of Jackson in the past three years, the course completion certificate must be submitted with your application.
Yes No If yes, date of s Name of Court  • Have you ever been convicted of	any felony or of violating any law of the State of Wisconsin or of the United States?  uch conviction
Dated:, 20	Signature of Applicant