

Town of Stiles Operator's License Application

To Sell Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Stiles, Oconto County, Wisconsin, for an operator's license to sell fermented malt beverages and/or intoxicating liquors in a place operated for the sale of such beverages and liquors, and hereby agree to comply with all laws, resolutions, ordinances, and regulations (Federal, State and Local) affecting the sale of such beverages and liquors, if a license is granted to me.

I certify that I am _____ years of age and that my date of birth is ____/____/_____.

Print Applicant's Name: _____
(First, Middle Initial, Last)

Applicant's Address: _____

Is application new or a renewal? _____

If renewal, which Town, City, or Village was license held? _____

Place of employment where license will be used _____

As required by WI Statutes Section 125.17(6), have you completed the responsible beverage server training course? _____ If so, where? _____

*****Provide copy of class completion certificate (if new application)*****

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned certifies that each of the above questions have been truthfully answered to the best of their knowledge and agrees that he/she is the person named in the foregoing application.

Applicant's Signature: _____ Date: _____

Office Use Only

Background Check Completed On: _____ License Number: _____

Authorized Signature: _____ Date: _____