

**TOWN OF WASHINGTON**  
**---Shawano County---**  
“Town of Vacation and Dairyland”

**Application for an “Operator’s” License Town of Washington, WI**

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 Washington, County of Shawano, Wisconsin for a License to serve, from the date hereof to June 30<sup>th</sup>, 2023, 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 State Statutes and all acts amendatory thereto 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 fully and completely.**

Name of Applicant \_\_\_\_\_ Is application **New or a Renewal?**

Address of Applicant \_\_\_\_\_

I certify that I am \_\_\_\_ years of age. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver’s License Number and Expiration Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

If renewal, within the past 2 years have you held a Class A, Class B, Class C License or permit or a manager’s or operator’s license, where was the privilege obtained? \_\_\_\_\_

As required by the WI Statutes Section 125.17(6), have you completed the responsible beverage training course? **Yes or No. If yes please attach a copy of the certificate.** If no you will need to complete the training prior to a license issuance. Date of certificate: \_\_\_\_\_

Have you ever been convicted of any **felony**, relating to alcoholic beverages and or drug violation of any federal laws, any Wisconsin laws or any other states or ordinances of any municipality? **Yes or No**  
(If yes, give law or ordinance violated, trial date and penalty imposed, and/or date, description and status of charges pending.) If more room is needed please continue on reverse side of the form.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a **misdemeanor**, relating to alcoholic beverages and or drug violation of any federal laws, any Wisconsin laws or any other states or ordinances of any municipality? **Yes or No**  
(If yes, give law or ordinance violated, trial date and penalty imposed, and/or date, description and status of charges pending.) If more room is needed please continue on reverse side of the form.

\_\_\_\_\_  
\_\_\_\_\_

Are there any charges presently pending against you (alcoholic beverages and/or drugs) for violation of any federal law, any Wisconsin laws, any laws of any other states or ordinances of any municipality? **Yes or No**  
If yes, describe status of charges pending. \_\_\_\_\_

Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? **Yes or No** Nature of violation. \_\_\_\_\_

Have you ever been convicted of any other felony or misdemeanor not related to alcoholic beverage and/or drug use? If yes, please explain. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Current Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Town of Washington – Clerk \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved or Denied**

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