

Town of Herman – Shawano County
APPLICATION FOR OPERATOR'S LICENSE

I hereby apply for a license to serve, for the 1 year term, **JULY 1, 20** _____ **to JUNE 30, 20** _____, fermented malt beverages and intoxicating liquors subject to Chapter 125 of the Wisconsin statutes and all acts amendatory thereof and the supplementary thereto, and hereby agree to comply with all Federal, State, Local laws, and regulations affecting the sale of such beverages and liquors if the license is granted to me. NOTE: LICENSE ID NOT VALID until approved by the board of the Town of Herman. Fees paid are NON-REFUNDABLE.

1. Application Type: New Renewal Date Filing _____
2. Where will you be serving/selling alcoholic beverages? Trade name: _____ Owner's name: _____
3. Name: Last _____ First _____ M.I. _____
Print _____
Date of Birth _____ Place of Birth _____ Age _____ Male Female
Social Security No. _____ Driver's License No. _____
Home Address _____
Number & Street _____ City State _____ Zip _____
Home Phone _____ Cell/Work Phone _____

4. Are you a citizen of the United States Yes No

5. List all your residences for the past Two Years, to the date of application (if different than your current address):

6. Have you EVER been convicted of a felony: Yes No
If Yes; when, where and what type of violation? (Please be specific)

7. Have you EVER been convicted of a misdemeanor, ordinance violation or traffic offense: Yes No
If Yes; when, where and what type of violation? (Please be specific)

8. Have you EVER been convicted of violating any license law or ordinance relating to the sale of fermented beverages or intoxicating liquors including underage consumption or possession?
If yes, when? _____ Where _____

9. RESPONSIBLE BEVERAGE SERVER COURSE COMPLETION DATE: _____

PLEASE ATTACH COPY OF CERTIFICATE OF COMPLETION

(Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license.)

The undersigned, BEING FIRST DULY SWORN ON OATH, deposes and says that he/she is the applicant named in the foregoing application; that he/she has read and made a COMPLETE answer to each question, and that his answer in each instance is true and correct, and is the person who signs this application.

(Applicant's Signature)

State of Wisconsin, Shawano County

Subscribed and sworn to before me this _____ day of _____, 20____

Clerk / Deputy Clerk / Notary Public FEE: \$5.00 (Payable at time of application)

Date Commission Expires

FOR OFFICE USE ONLY: Amount paid \$ _____ License No. _____ Date of Issuance _____

Town of Herman Municipal Clerk, PO Box 63, Leopold, WI 54948