

TOWN OF DEKORRA
Application for an Operator's License
to serve Fermented Malt Beverages and Intoxicating Liquors

DATE: _____

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Dekorra, Columbia County, Poynette, Wisconsin** for a License to serve, from the date hereof to **June 30, 20**_____, 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 regulation, Federal, State of Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ **years of age. Date of Birth** ____/____/____ **x** _____
Signature of Applicant

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Full name of Applicant (First, Middle, Last): _____

Address of Applicant: _____
StreetCity, State, Zip

Driver's License Number: _____ State: ____ Phone Number _____

Is application New or a Renewal (circle one)? **NEW** **RENEWAL**
If new (within the past 2 years you held a Class "A", "B" or "C" license or permit or a manager's or operator's license in another municipality), where was the license obtained? (City, Town, Village) _____

If new, As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? **Yes** **No**
If so, where and when? _____
If not, are you enrolled in a class? **Yes** **No** If yes, where and when are you attending? _____

Have you ever been convicted of **ANY** felony or of violating **ANY LAW** of the State of Wisconsin or of the United States? (Circle one): **YES** **NO** Date of conviction _____ Name of Court _____
Nature of Offense: _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or Intoxicating liquors? (Circle One): **YES** **NO** Date of Conviction _____ Name of Court _____
Nature of Violation: _____

STATE OF WISCONSIN

ss.
_____ County.

_____, being first duly sworn on oath says that (s)he is the person; who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true; and that the applicant acknowledges that any false statement/s automatically mean a denial of license.

X _____
Signature of Applicant

Subscribed and sworn before me this _____
day of _____, _____

Name of Primary Establishment Operator's License is to be used at:

Signature of Notary Public

Notary Public, _____ **County, WI**

My term expires: _____