

# 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 Village of Radisson, Sawyer County, Wisconsin for a License to serve from date hereof to June 30, 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 Statutes and all acts amendatory thereof an 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.

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

### Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_ Is application new or a renewal? \_\_\_\_\_

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

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license permit or a manager's or operator's license),

Where was privilege obtained? (name of municipality) \_\_\_\_\_

As required by WI Statutes Section 125.17 (6), have you completed the alcohol awareness course? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_

Date of such 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? \_\_\_\_\_

Nature of violation \_\_\_\_\_

Name and address of physician signing your health certificate filed herewith (if required) \_\_\_\_\_

STATE OF WISCONSIN

Sawyer County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for a Temporary Operator's license that all statements made by the applicant are true.

**X**

Applicant sign here

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 2022

Notary Public, \_\_\_\_\_ County, WI.