



Phone: 262-677-4048  
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Washington County  
3146 Division Road  
Jackson, WI 53037

**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 **Town of Jackson, Washington County, Wisconsin**, for a License to serve, **from 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 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

Dated: \_\_\_\_\_, 20\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Within the past two years have you held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license? Yes \_\_\_\_ No \_\_\_\_

If yes, where was the privilege obtained? \_\_\_\_\_

As required by Wisconsin Statutes 125.17(6), have you completed the Responsible Beverage Service Course, (or equivalent alcohol awareness course)? Yes \_\_\_\_ No \_\_\_\_ Date of Completion \_\_\_\_\_

**COPY OF COURSE COMPLETION CERTIFICATE MUST BE SUBMITTED WITH APPLICATION**

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

Yes \_\_\_\_ No \_\_\_\_ If yes, date of such conviction \_\_\_\_\_

Name of Court \_\_\_\_\_ Nature of Offense \_\_\_\_\_

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

If yes, date of such conviction \_\_\_\_\_ Nature of Offense \_\_\_\_\_

STATE OF WISCONSIN )  
 ) SS  
WASHINGTON 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 the statements made by the applicant are true.

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant sign here

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

\_\_\_\_\_  
Date

My Commission expires \_\_\_\_\_  
Print Notary Name: \_\_\_\_\_