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Washington County
3146 Division Road
Jackson, WI 53037

**APPLICATION FOR A TEMPORARY "OPERATOR'S" LICENSE
to serve Fermented Malt Beverages Only**

EVENT DATE(S) _____ **EVENT LOCATION** _____

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Jackson, Washington County, Wisconsin**, for a **Temporary License** to serve, Fermented Malt Beverages 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 (First, Middle, Last): _____

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 ___

COPY OF COURSE COMPLETION CERTIFICATE MUST BE SUBMITTED WITH APPLICATION (if not a renewal)

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____.

Signature of Applicant

Notary Public, _____ County, WI

Date

My Commission expires _____