

**TOWN OF FLAMBEAU
N6366 Crystal Springs Dr
LADYSMITH, WI 54848**

**APPLICATION FOR AN "OPERATOR'S LICENSE"
To Serve Fermented Malt Beverages and Intoxicating Liquors**

Application type: Renewal _____ New _____ Date: _____

Employer: _____

I, the undersigned do hereby respectfully make application to the local governing body of the Town of Flambeau, Rusk 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, regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

Gender: _____ Date of Birth: _____ Race: _____

Signature: _____

Answer the following questions fully and completely: Use back of application for additional information.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Cell phone: () _____

If renewal, where was your current license obtained? _____

As required by Wisconsin statutes 125.17(6) have you completed the Alcohol Awareness Course? Yes ___
No ___

Have you been convicted of any felony or of violating any Federal, State or local laws? Yes ___ No ___

If yes: Date of conviction: _____ State of Conviction: ___ Court of Conviction: _____

Nature of Offense:

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented Malt Beverages of Intoxicating Liquors? Yes ___ No ___

If yes: Nature of violation:

(continued on back)

State of Wisconsin

Rusk County

The applicant being first duly sworn on oath says that he/she is the person who made and signed the forgoing application for an Operator's License and that all statements are true.

Signed: _____

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

Notary Public, Rusk County, Wisconsin

Notary Expires _____