

APPLICATION FOR AN OPERATOR'S LICENSE

I, the undersigned, do hereby respectfully make an application to the local governing body of the Village of Hixton, County of Jackson, Wisconsin, for a License to serve, form 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 regulations Federal, State, or Local, affecting the sale of such beverages and liquors if a license would 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:

NAME OF APPLICANT _____
ADDRESS OF APPLICANT _____

IF RENEWAL, (Within the past 2 years held a CLASS "A", "B", OR "C" License or Permit or a Manager's or Operator's License) WHERE WAS THE PRIVILEGE OBTAINED? (CITY, VILLAGE, TOWN) _____

AS REQUIRED BY WI STATUES SECTION 125.71(6), HAVE YOU COMPLETED THE ALCOHOL AWARENESS COURSE? _____

HAVE YOU BEEN CONVICTED OF VIOLATING ANY LICNSE LAW OR ORDINANCE REGULATING THE SALE OF FERMENTED MALT BEVERAGES OR INTOXICATING LIQUORS? _____
NATURE OF VIOLATION? _____

_____, 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.

(Please Print Name Here)

X

Applicant sign here

Location of Employment

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

Clerk/Deputy Clerk