

TOWN OF SPRINGDALE, DANE COUNTY, WISCONSIN
OPERATOR'S LICENSE APPLICATION
to serve Fermented Malt Beverages and Intoxicating Liquors

To your application, please attach copies of:

- Your valid Wisconsin ID or Driver's License, and
- proof of completion of Wisconsin-approved alcohol beverage server training course.

Applicant must provide the following information. Please print legibly.

Name _____ Date of Birth ____/____/____*

Phone _____ Email _____

Address _____

New License If renewal, where was the original license obtained? _____
 Renewal _____

As required by WI Stat. 125.17 (6), have you completed a state-approved responsible beverage server training course?

Yes No If yes, where and when? _____

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

Yes No Date of 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? If yes, specifics of violation:

Yes No _____

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Springdale, County of Dane, State of Wisconsin for a license to serve, from June 30, _____, 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.

Under penalty of law, I certify that all information provided on this application is true.

Applicant Signature

Date

* pursuant to Wis. Stat. 125.04(5), applicant must be 18 years or older on the date this application is made.