

TEMPORARY OPERATOR'S LICENSE APPLICATION

Please print

Name of Applicant _____

Date(s) of Event _____

Address of Applicant _____

I certify that I am _____ years of age DOB ____/____/____

Answer the following questions fully and completely:

Have you completed an alcohol awareness course? * _____ If so, where? _____
**server course not required for temporary operators.*

Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? **Y / N** If yes, date of 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 **Y / N**

If yes, date of conviction _____ Details of Offense _____

I, the undersigned, do hereby respectfully make application to the Town of Springdale, Dane County, for a license to serve only fermented malt beverages (**beer**) or intoxicating liquor (**wine**) subject to the limitations imposed by Wis. Stat. 125.32 (2) and 125.68 (2) 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 if a license be granted to me. **I understand that this license is valid for a maximum of 14 days after the date of issuance.**

Applicant Signature