

TEMPORARY OPERATOR'S LICENSE APPLICATION

Name of Applicant _____

Address of Applicant _____

Name of Temporary "Picnic" License Applicant (nonprofit organization) _____

Event _____ Date(s) of Event _____

I certify that:

I am _____ years of age. DOB ____/____/____

I am employed by or donating my services to a nonprofit corporation. **Y / N**

I certify that I have not held more than 2 temporary operator licenses this year. **Y / N**

Answer the following questions fully and completely:

- 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 _____
 - Details 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 and only for properly licensed events.**

Applicant Signature