

APPLICATION FOR AN "OPERATOR'S" LICENSE Town of Dunn, WI _____
to Serve Fermented Malt Beverages and Intoxicating Liquors (Date)

All must sign application and record release form.

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Dunn, County of Dunn, Wisconsin for a License to serve, from date hereof to June 30, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject 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 me.

I certify that I am _____ years of age. Date of Birth ____/____/____
Signature of Applicant

Answer the following questions fully and completely: (please print)

Name of Applicant _____ SS# _____
(include middle name)

Address of Applicant _____

Is application _____ new or _____ renewal?

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? _____
(City Town Village)

If new answer the following questions:

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____ If so, where? _____ (attach copy of certificate)

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

Name of violation _____

RECORD RELEASE FORM:

I hereby authorize the Dunn County Sheriff's Department to furnish all information pertaining to my application for operator's license to the licensing authorities of the Town of Dunn.

This release is authorized with full understanding that the information is for official use by the Town of Dunn and that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the proper discharge of official business of the Town of Dunn.

I hereby release the Town of Dunn, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

Signature of Applicant

Where will you tend bar? _____