

# Town of Black Wolf

380 E. Black Wolf Avenue – Oshkosh, WI 54902 – (920) 688-1404

## APPLICATION FOR NEW OPERATOR'S LICENSE

**Fee: \$27 license and background check**

The undersigned hereby makes application for a license to serve, from date hereof to June 30, 2018 inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to 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 agrees to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

Male  Female  Employed by \_\_\_\_\_ Cash  Check

I certify that I am \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely:**

Applicant FIRST Name \_\_\_\_\_ MIDDLE INITIAL (required) \_\_\_\_\_ LAST NAME \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Application for a **NEW** operator's license \_\_\_\_\_ or **RENEWAL** operator's license \_\_\_\_\_ If renewal (within past two 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 \_\_\_\_\_

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

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? \_\_\_\_\_ Nature of Violation \_\_\_\_\_

Name and address of physician signing your health certificate filed herewith (if required) \_\_\_\_\_

**TOWN OF BLACK WOLF  
WINNEBAGO COUNTY  
STATE OF WISCONSIN**

(Name of Applicant) \_\_\_\_\_, 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.

**NOTARY PUBLIC:** Winnebago County, WI

X \_\_\_\_\_  
Applicant Sign Here

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

At a meeting of the Local Governing body of the Town of Black Wolf, County of Winnebago, WI, and after due consideration of this application, it was moved and carried to grant a license to said:

Name of Applicant \_\_\_\_\_ upon payment of the fee therefore to the Treasurer.

Town of Black Wolf Clerk \_\_\_\_\_ License No. \_\_\_\_\_

Issued the \_\_\_\_\_ day of \_\_\_\_\_, 2017 and ending June 30, 2018.