

Town of Black Wolf

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

APPLICATION FOR OPERATOR'S LICENSE – 2022-2023

New Fee: \$27 license and background check - Renew Fee: \$20 license

The undersigned hereby makes application for a license to serve, from date hereof to June 30, 2023 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? _____ (**MUST PROVIDE COPY**)

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) _____

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TOWN OF BLACK WOLF WINNEBAGO COUNTY STATE OF WISCONSIN

(Name of Applicant – PLEASE PRINT) _____, 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 _____, _____

Notary Signature

OFFICE USE ONLY: =====

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.

License No. _____ Issued the _____ day of _____, 2022 and ending June 30, 2023.