



### Operator’s License

### Application for License to Sell & Serve Fermented Malt Beverages & Intoxicating Liquors

<b>FOR OFFICE USE ONLY:</b>	<b>License No.</b> _____
Type of License: <input type="checkbox"/> New (\$25) <input type="checkbox"/> Renewal (\$25) <input type="checkbox"/> Provisional (\$15) <input type="checkbox"/> Temporary (\$10) (If Temporary, list event): _____	
Amt. pd: _____ Date pd: _____ Date to P.D: _____ Police Department Approval Initial): _____	
Police Department Denial: _____	
<i>Chief of Police Signature</i>	

**To the COMMON COUNCIL of the CITY OF BURLINGTON, WISCONSIN:**

I hereby apply for a license to serve, from date hereof to June 30, \_\_\_\_\_, (*year of license*) inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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 to me.

**I certify that I do not have an arrest or conviction record to §111.321, 111.322 and 111.335.**

Last Name:	First Name:	Middle Name:
Address:	Apt. #	City:
State & Zip Code:	Telephone Number Home:	Mobile:
Drivers License #:	State drivers license was issued:	
As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or the United States? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If so, list and describe offense:		
Date of such conviction:	Name of County & State:	
Have you been convicted of violating any license law regulating the sale of Intoxicating Liquors/beverages? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<b>Name of business in the City of Burlington where you will be employed:</b>		

**Notary Use Only:**  
State of Wisconsin, Racine County,  
\_\_\_\_\_  
being first duly sworn on oath says that (s)he is the person who made and signed the foregoing applications for an operator’s license.  
Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_  
Notary Public, \_\_\_\_\_, County, Wisconsin.  
My Commission Expires: \_\_\_\_\_

**ALL STATEMENTS ABOVE ARE TRUE AND ACCURATE**  
*(To be signed only in the presence of a Notary Public)*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Today’s Date**