

# OPERATOR'S LICENSE APPLICATION

Date: \_\_\_\_\_

License # issued 2021-\_\_\_\_\_

To the Common Council of the City of Park Falls, Price County, Wisconsin.

I hereby apply for a license to serve, from date hereof to June 30, 2021 inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto. I am familiar with and agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local, affecting the sale of such fermented malt beverages and liquors if a license is granted to me.

I certify that I am \_\_\_\_\_ years of age and have not been convicted of violating any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors.

## **PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Last name                      first name                      middle initial

Phone # \_\_\_\_\_

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Date of birth                      Driver's license # and Exp. Date

\_\_\_\_\_  
Verified

\_\_\_\_\_  
Certificate of completion number and date issued

\_\_\_\_\_  
Verified

\_\_\_\_\_  
Employing Agency/Organization

X  
\_\_\_\_\_  
Signature of applicant

Fee \$15.00 \_\_\_\_\_

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_