



400 Fourth Avenue South
 P.O. Box 146
 Park Falls, WI 54552
 Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

OPERATOR'S LICENSE APPLICATION

Date: _____

License # issued 2023-_____

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

I _____ (name of applicant) certify that I **HAVE / HAVE NOT** been convicted of a felony offense or am a habitual law offender. If you have been, you are not able to obtain an operator's license. Initial your acknowledgement of this statement _____

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.**

I hereby apply for a license to serve, from date hereof to June 30, 2023 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.

 Last name first name middle initial

Phone # _____

 Street address

 City State Zip email: _____

 Date of birth Driver's license # and Exp. Date Verified _____

 Certificate of completion number date issued Verified _____

 Employing Agency/Organization

X _____
 Signature of applicant

Background check completed _____

Subscribed and sworn before me this _____ day of _____, 20____

Fee \$15.00 cash/check/billed to _____

 Notary Public signature
 My commission expires: _____

Does not need to be notarized if you are applying in person at the Clerk's office