

Cost: \$20.00

TOWN OF GIBRALTAR
APPLICATION FOR AN "OPERATOR'S" LICENSE
to Serve Fermented Malt Beverages and Intoxicating Liquors
License Year July 1, ____ through June 30, ____

Answer the following questions fully and completely:

Name of Applicant: _____

Driver's License #: _____

I certify that I am ____ **years of age.** **Date of Birth:** ____/____/____

Address of Applicant _____

Place of Employment: _____

If renewal within the past 2 years, where was the privilege obtained?

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____ 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 _____

Name 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 _____

I the undersigned, do hereby respectfully make application to the Town of Gibraltar, County of Door, Wisconsin, for a License to serve, from date hereof to June 30,____, 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, 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.

APPLICANT SIGNATURE: _____ **DATE:** _____

Background Check Complete: _____ Date: _____