

**TOWN OF MOUNTAIN  
APPLICATION FOR AN OPERATOR'S LICENSE**

to Serve Fermented Malt Beverages and Intoxicating Liquor

\_\_\_\_\_, 20\_\_\_\_

(Today's Date)

**\$10.00 Fee (renewal)**

**\$20.00 Fee (New application)**

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Mountain, County of Oconto, Wisconsin for a License to serve, for the year ending **June 30, 20\_\_\_\_**, 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, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me. I certify that I am \_\_\_\_\_ years of age.

**Answer the following questions fully and completely:**

(PLEASE PRINT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

IS APPLICATION NEW OR RENEWAL? NEW / RENEWAL (CIRCLE ONE)

**IF RENEWAL** (within the past 2 years held a Class A, Class B, Class C license or permit or a manager's or operator's license), municipality the privilege was obtained? \_\_\_\_\_

Under WI State Statutes 125.17(6) when did you complete the alcohol awareness course \_\_\_\_\_  
Where \_\_\_\_\_ **IF NEW** enclose a copy of your certificate with application.

Have you been convicted of any **felony or of violating any laws** of the State of Wisconsin or the United States? **YES / NO** If yes, please explain \_\_\_\_\_

**APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE ACCEPTED AND RETURNED.  
MUST BE NOTORIZED.**

Oconto County, State of Wisconsin

\_\_\_\_\_, being first duly sworn on oath that (s) he is the person  
(Print name)  
who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

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

Subscribed and sworn to before me this \_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, WI  
My commission expires: \_\_\_\_\_

**It is the responsibility of the applicant to pick up license within 30 days of approval or it will expire.**