



Village of Tigerton

PO Box 147, Tigerton, WI 54486

APPLICATION FOR AN "OPERATOR'S" LICENSE

Village of Tigerton, WI _____, 20 _____

To server Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, to hereby respectfully make application to the **Village of Tigerton, County of Shawano, Wisconsin** for a License to serve, from the date hereof to 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 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 beverage and liquors if a license is granted to me.

I CERTIFY THAT I AM _____ YEARS OF AGE. Date of Birth ____/____/____

X _____
(applicant's signature)

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Name of applicant (First, Middle, Last) _____ New or renewal: _____

Address of applicant _____ Phone: _____

If renewal (within the past 2 years held a Class A, Class C, Class B license or permit or a manager's or operator's license), 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 _____

Nature 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: _____

Name and address of physician signing your health certificate filed herewith (if required): _____

State of Wisconsin, Shawano County _____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true.

X _____
(applicant's signature)

Subscribed and sworn to before me this _____

Day of _____, 20 _____

Notary Public, Shawano County, Wisconsin