## TOWN OF LINCOLN, FOREST COUNTY Application for Operator's License

I do hereby make application to the Town of Lincoln for an Operator's License as provided by

Section 125.17 of the Wisconsin Statutes, to sell alcohol beverages in a place licensed by the Town of Lincoln for the sale of alcohol beverages. ■ certify that ■ was born on and am a person at least 18 years of age and that ■ have completed a Responsible Beverage Server Training Course. If a new application, a copy of the certificate must accompany this application. I agree that I will comply with all laws, resolutions, ordinances and regulations (state, federal, and local) affecting the sale of alcohol beverages if a license is granted to me. NAME (print) PHONE ADDRESS\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ DATE OF BIRTH Name of Establishment where License will be used \_\_\_\_\_ Signature of Employer Have you been convicted of violating any license law or ordinance regulating the sale of alcohol beverages? Please Specify Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_\_No Have you ever been convicted of an OWI? \_\_\_\_\_Yes \_\_\_\_\_No Please specify Have you been convicted of any alcohol or drug offenses?

Yes

No Please specify (\$20.00) NEW \_\_\_\_\_ (\$20.00) RENEWAL \_\_\_\_\_ (\$20.00) PROVISIONAL \_\_\_\_\_ If renewal, list municipality and date of last license \_\_\_\_\_ Attach a copy of the license issued from another municipality. BACKGROUND CHECKS ARE PERFORMED FOR ALL APPLICANTS BOTH NEW AND RENEWALS. Dated this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_, \_\_\_\_ Note: Include Payment with application. The Town Board will take action on any new application at their regular scheduled meeting. \*\*\* Office Use \*\*\* Paid (check) (cash) License # Granted