

# TOWN OF PRESTON APPLICATION FOR OPERATOR'S LICENSE

## To Serve Fermented Malted Beverages and Intoxicating Liquors

**\$25.00 OPERATOR'S LICENSE FEE IS NOT REFUNDABLE**

**License Term is for 1 year from July 1 to June 30 of the following year. All licenses expire on June 30.**

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Preston, County of Trempealeau, Wisconsin, for a licensure to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17 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.

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

Full Name of Applicant: \_\_\_\_\_ Sex: Male / Female

Address of Applicant: \_\_\_\_\_

Applicant Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Place of Employment (Where Operator's License will be used): \_\_\_\_\_

\_\_\_\_\_ New \_\_\_\_\_ Renewal: If you have held a liquor license or operator's license within the past

Please check one of the following:  
year, where was the privilege obtained? City/ Town/ Village of \_\_\_\_\_

Have you completed the Wisconsin Seller/Server Certification Program? \_\_\_\_\_

Date the course was completed: \_\_\_\_\_ **A copy of the certificate must be submitted with the application.**

Have you ever been convicted of a misdemeanor or felony in the past 5 years? (circle one) No /Yes

If yes, please explain nature of offense(s): \_\_\_\_\_  
\_\_\_\_\_ Where?(City,State) \_\_\_\_\_

Are there any pending criminal charges against you (circle one) No /Yes

If yes, please explain the charge(s) \_\_\_\_\_  
\_\_\_\_\_ Where?(City,State) \_\_\_\_\_

Have you been convicted of any drug or alcohol related offenses in the last 5 years, including forfeiture or ordinance violations for drug or alcohol offenses? (circle one) No / Yes.

If yes, please explain the nature of offense(s) \_\_\_\_\_  
\_\_\_\_\_ Where?(City,State) \_\_\_\_\_

**Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.**

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

\_\_\_\_\_  
Date

FOR TOWN OF PRESTON OFFICE USE ONLY

Date received application: \_\_\_\_\_  
Type of Payment: Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Receipt Number \_\_\_\_\_  
Approved at Board Meeting of \_\_\_\_\_ Mailed Certificate \_\_\_\_\_  
Background Check \_\_\_\_\_ Status \_\_\_\_\_

Revision 06/2013