

NOTE: There is a \$20 non-refundable fee on all license applications

Fee paid by cash / check # \_\_\_\_\_

**Application for an "Operator's" License**  
to Serve Fermented Malt Beverages and Intoxicating Liquors

Outagamie County, WI Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

To the Board of Supervisors of the Town of Hortonia, Outagamie County, Wisconsin:

I hereby apply for a License to serve, from the date hereof to June 30<sup>th</sup>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by § 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.

New Application

Renewal – I certify that I have held an operator's license previously within the past 2 years.

Name of Municipality \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I certify that as required by § 125.17(6), I have completed an approved Responsible Beverage Server Training Course within the past 2 years **and have attached verification thereof.**

I certify that I am a citizen of the United States and have attached a photocopy of my photo ID.

I certify that I am \_\_\_\_\_ years of age.

**X**

Signature of Applicant

Driver's License Or WI I.D.#	Date of Birth	Telephone Number	
Legal Name: First, Middle Initial, Last		Maiden Name or other alias	
Street Address	City	State	Zip Code

Please be aware that the Town of Hortonia conducts a background check. Answer the following questions fully and completely. **Failure to disclose accurate information will be grounds for denial.** If this application is denied, the applicant will not be able to reapply for a period of 30 days from the date of denial. Only one re-application shall be allowed within any license period.

Have you been convicted of any felony or of violating any law of the State of Wisconsin or the United States?  No  Yes – please provide full disclosure of information on an attached sheet. Include the date of conviction, name of court and nature of offence for each incident.

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?  No  Yes – please provide full disclosure for each incident on attached sheet.

**I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.**

State of Wisconsin, \_\_\_\_\_ County

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Town of Hortonia Clerk or Notary Public  
commission expires: