Date Filed ___/___/___		Date Considered ___/___/___	License # _____
Pass/Fail	Initials: _____ ___/___/___	Board Action Approved/Denied	PAID ___/___/___

TOWN OF TRENTON, WASHINGTON COUNTY, WISCONSIN
OPERATOR LICENSE APPLICATION
TO SERVE AND SELL FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
WITHIN THE TOWN OF TRENTON, WASHINGTON COUNTY, WISCONSIN

I hereby apply for an Operator's License to serve and sell, from the date of issuance hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapters 125.32(2) and 125.68(2) of Wisconsin State Statues, and all acts amendatory thereof and supplementary thereto. I agree to comply with all of the Laws, Resolutions, Ordinances and regulations, Federal, State or Local, that affect the sale of Beverages and Liquors if an Operator's License be granted to me.

Please enclose $15.00 application fee, made payable to "Town of Trenton"

ANSWER ALL QUESTIONS FULLY AND COMPLETELY.

I certify that I am _____ years of age. My date of birth is _____. Sex M F

FULL NAME OF APPLICANT _____
First Middle Last

ADDRESS OF APPLICANT _____

_____

PHONE NUMBER _____

DRIVER'S LICENSE NO. _____

Do you have a criminal record or any violations which are related to the use of alcohol? ☐ Yes ☐ No

If Yes, date of conviction ___/___/___ Nature of Offense _____

Name and location of Court _____

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? ☐ Yes ☐ No

Do you authorize the Town of Trenton, through the Town of Trenton Police Department, to obtain from the Federal Bureau of Investigation, from the Wisconsin Crime Information Bureau, and from the Washington County Sheriff's Department any information and records which those agencies may have concerning you; and hereby, consent to and waive any objection to the use of any such information and records by the Town in determining whether to grant an operator's license? ☐ Yes ☐ No

Application ☐ Original ☐ Renewal

NOTE: Original License requires proof of valid Wisconsin Operator's License or Certificate of completed bartender course (available at www.wisconsinbartenderlicense.com)

This license will be used at _____ (Place of Business)

_____
Signature of Applicant

STATE OF WISCONSIN
COUNTY OF_____

_____, being first duly sworn on oath, says that (s)he is the person who made and signed the foregoing application and that all the information given is true and correct.
SUBSCRIBED AND SWORN to me this _____ day of _____, 20_____.

(SEAL)

_____
Notary Public
My Commission Expires: _____