

APPLICATION FOR OPERATOR'S LICENSE

Town of Lyndon W3080 Mitchell Road Lyndon Station WI 53944 608-666-2626

Print all information neatly and completely \$35.00 Application Fee must accompany application Make checks payable to Town of Lyndon

Applicant's Complete Name _____

Applicant's Address _____

Phone Number _____ Driver's License Number _____

Date of Birth _____ Male or Female _____ Renewal or new application _____

Name, address, and phone number of applicant's employer _____

Name, address and phone number of applicant's last employer from whom the applicant tended bar (if applicable) _____

Name, address and phone number of each municipality from which the applicant received a license issued under Ch. 125 Wis. Stats. regarding alcohol beverages. _____

I certify that:

I have held an Operator's or Manager's License or have completed the "Responsible Beverage Server's Training Course" within the past two (2).

You must provide a copy of one of these with a new application.

I am familiar with ALL laws, resolutions, ordinances and regulations Federal, State and Local, pertaining to the sale of such beverages and Liquors, and if granted said license, do agree with and will obey all provisions thereof.

I am at least 18 years of age.

Have you ever had an operator's license suspended or revoked? No _____ Yes _____

If yes, explain: _____

Have you ever been convicted or a Felony? No _____ Yes _____ If yes, answer the following:

Date Nature of Offense Location: City, County, State

Have you ever been arrested for any other offenses? No _____ Yes _____ If yes, answer the following:

Date Nature of Offense Location: City, county, State

I hereby make an application for an Operator's License from the Town of Lyndon, Juneau County, to dispense alcoholic beverages on premises requiring a retail alcohol license in the State of Wisconsin, subject to provisions of and limitations imposed by Chapter 125, WI Statutes and all ordinances of the Town of Lyndon Code of Ordinances, and all acts amendatory thereof and supplementary thereto.

I further certify that all statements made above are true. I give the Town of Lyndon permission to perform any necessary checks to verify the above statements. I understand that if any false statements or omissions are made on this application, it will automatically void consideration for its approval.

Operator's licenses expire here of to June 30.

APPLICANT SIGNATURE