

APPLICATION FOR OPERATOR'S LICENSE

Request:	<input type="checkbox"/> Renewal (\$10.00)	<input type="checkbox"/> New (\$10.00)	FEE DUE AND PAYABLE WITH APPLICATION
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Applicant Name			
Home Address			City
Driver's License Number	Date of Birth	State	Zip
Daytime Phone		E-Mail	
Name of Establishment			Establishment Phone Number

I certify that:

- I have held an operator's, premises or manager's license within the past two years (if in another municipality other than the Town of Herman proof is required), have completed the "Responsible Beverage Server's Training Course" (certificate is required) or enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.
- I am a citizen of the United States.
- I have been a resident of the State of Wisconsin continuously since _____.
- I am a resident of the (Village / City / Town) of _____.
- I am _____ years of age.

Have you ever been convicted of a felony? No Yes

If so, state date, nature of offense and location:

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>
_____	_____	_____

Have you been arrested for any other offenses? No Yes

If so, state date, nature of offense and location:

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>
_____	_____	_____

I, the undersigned, do hereby respectfully make application to the Town of Herman Board, in the Town of Herman, Sheboygan County, Wisconsin for an Operator's License subject to provisions of and limitation imposed by Chapter 125 of the Wisconsin Statutes, and all acts amendatory thereof and supplementary thereto, to serve alcoholic beverages in a place licensed in the Town of Herman for the sale of alcoholic beverages. I agree that I will comply with all laws resolutions, ordinances, and regulations, Federal, State and local, affecting the sale of alcoholic beverages, if a license is granted to me, **from the date hereof to June 30, _____ (to be completed by Town of Herman – 2 Years/2 Years From Expiration of Prior License)**

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this _____ day
of _____, 20_____.

Notary Public
_____ County

Applicant's Signature _____

APPLICANT'S SIGNATURE MUST BE NOTARIZED AND SEAL AFFIXED

My Commission Expires: _____

Application Received by:	Date:	Paid:
Date of Town Board Action:	License No. Granted:	