

Town of Sheboygan
1512 No. 40th Street
Sheboygan, WI 53081
Telephone # (920) 451-2320
Fax # (920) 451-2323

OPERATOR'S LICENSE APPLICATION
PROVISIONAL LICENSE _____

DATE _____ TOWN LICENSE NO. _____

NEW _____ RENEWAL _____ RECEIPT NO. _____

Driver's License # _____ FEE: **\$50.00 FOR ONE YEAR**

I, the undersigned, do hereby make application to the Town Of Sheboygan Town Board, County of Sheboygan, for an Operator's License pursuant to Section 125.17 of the Wisconsin Statutes, to sell alcohol beverages in a place licensed in the Town Of Sheboygan for the sale of alcohol beverages. I agree that I will comply with all laws, resolutions, ordinances and regulations, state, federal, and local, affecting the sale of alcohol beverages, if a license is granted to me, for the license year ending June 30, _____.

I hereby certify that I am at least 18 years of age, have successfully completed a Responsible Beverage Server Training Course or have held a valid Operator's License, Manager's License, of Class A or B License within the last two (2) years. Copy of certificate of training or current license must be attached.

PLEASE PRINT

NAME _____ Male _____ Female _____
(First, Middle Initial, Last)

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

ESTABLISHMENT LICENSE WILL BE USED AT _____

Have you ever been convicted of violating any law regarding licenses or ordinances regulating the sale of alcohol beverages? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____
If yes, (when) _____ for _____

I, the undersigned, do hereby swear that the above information is true to the best of my knowledge.

SIGNATURE _____ DATE _____

OFFICE USE ONLY BACKGROUND CHECK _____