

APPLICATION FOR ALCOHOL BEVERAGE OPERATOR'S LICENSE

I hereby make application with the Town of Fulton, County of Rock, in the State of Wisconsin, for an Operator's License as provided by Town Ordinance and amendments thereto, to sell Fermented Malt Beverages and Intoxicating Liquors in the Town of Fulton, the same to expire on the 30th day of June _____.

***** Note: You must be current with all monies owed to the Town of Fulton. *****

DATE: _____ NOTE - NO REFUNDS GIVEN PHONE: _____

NAME: _____
LAST FIRST MIDDLE

ALIAS: _____ MAIDEN NAME: _____

The following information is required to run a criminal history and driving record check:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RACE: _____

DRIVER'S LICENSE NUMBER/ STATE: _____ (CIRCLE) MALE FEMALE

CURRENT RESIDENCE: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

PREVIOUS ADDRESS: _____

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES YOU HAVE INCURRED DURING THE PAST FIVE (5) YEARS. DO NOT INCLUDE ANY TRAFFIC OFFENSES FOR WHICH THE PENALTY IMPOSED WAS LESS THAN \$50.00.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my Operator's License upon demand, due to any false statements upon this application.

Applicant's Signature

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

FOR OFFICE USE ONLY:

Regular License _____ 60 day Provisional License _____ 60 Day Expiration Date: _____
Amount Paid: _____ New _____ Renewal _____ Special Event Temporary _____
Attended the required educational course _____ Copy of certificate attached _____

POLICE DEPARTMENT BACKGROUND CHECK DONE BY _____, DATE _____

APPROVAL BY TOWN BOARD:

Date: _____