

**TOWN OF MINONG
W7095 NANCY LAKE ROAD
MINONG, WI 54859
PHONE 715-466-5916 – FAX 715-466-5917**

**APPLICATION FOR AN “OPERATOR’S LICENSE”
FOR THE TOWN OF MINONG IN WASHBURN COUNTY FOR THE YEAR
BEGINNING JULY 1ST ___2023___ AND ENDING JUNE 30TH ___2024___.**

I do hereby make application to the Town of Minong for a License to serve, fermented malt beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ years of age. Date of Birth: _____ Male or Female (circle)

Social Security # _____ (this is needed for the required record check)

PLEASE PRINT AND ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

Name of Applicant _____

Address of Applicant _____

Business in which application is being made: _____

If renewal (within the past 2 years) where was the previous Class “A” “Class A”, Class “B” or “Class B” license obtained. _____

As required by WI Statutes Section 125.17 (6), have you completed the alcohol awareness course? _____ If so where _____

CONVICTIONS

Have you ever been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors _____ **YES** _____ **NO**

Have you been convicted of any felony _____ **YES** _____ **NO**

IF YES PLEASE ANSWER THE FOLLOWING QUESTIONS

Date of conviction _____ Nature of offense _____

SIGNATURE OF APPLICANT _____

CERTIFICATION: I being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator’s license: that all the statements made by the applicant are true:

Signature of Town Clerk

Date application Received