

**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 1<sup>ST</sup> 2024 AND ENDING JUNE 30<sup>TH</sup> 2025 .**

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: \_\_\_\_\_

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

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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 Femented 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