

**Town of Farmington, Washington County, Wisconsin
APPLICATION FOR OPERATOR'S LICENSE**

REQUEST: <input type="checkbox"/> 1-YEAR (\$32) <input type="checkbox"/> 2-YEAR (\$47) <input type="checkbox"/> TEMPORARY (\$12) <input type="checkbox"/> PROVISIONAL (\$12) <input type="checkbox"/> NEW APPLICANT OR <input type="checkbox"/> RENEWAL APPLICANT
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Fill out form completely. A false or incomplete answer on this application may result in denial or revocation of the license. Payment must be included and in the form of cash or a check made payable to: *Town of Farmington*. This application will need to be approved by the Town Board at a monthly meeting and may take several weeks to process.

APPLICANT'S FULL NAME (Please Print) (First, Middle & Last Name)		(Maiden Name)	
DATE OF BIRTH	PLACE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
DAYTIME PHONE		E-MAIL	
NAME OF ESTABLISHMENT LICENSE TO BE USED AT			ESTABLISHMENT PHONE

I certify that I am _____ years of age.

Have you completed a Responsible Beverage Server Training Course within the past two years?
(New Applicants must submit proof of completion of course or valid license held within past two years) YES NO

Have you held an operator's, retail or manager's license, in the State of WI, within the past two years?
(If license held in a municipality other than the Town of Farmington, proof is required) YES NO

Have you ever been convicted or have pending charges of a felony or of any violation related to the use of alcohol? (If yes, complete back of form) YES NO

Have you ever been convicted of or have pending charges for any other offenses?
(If yes, complete back of form) YES NO

A *Temporary Operator's License* may be issued to persons employed by or donating their services to nonprofit corporations, is limited to only one in a year and is valid for a period of 1-14 days. If applicable, date(s) applying for: _____

I, the undersigned, do hereby apply to the **TOWN OF FARMINGTON**, Washington County, Wisconsin, for a license to serve, from date hereof to June 30, 20____, or for the date(s) specified above if applying for a Temporary Operator's License, or for a period not to exceed 60 days, or until regular license is issued if applying for a Provisional Operator's License, inclusive (unless sooner revoked), 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 all acts amendatory thereof and supplementary thereto, 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, the undersigned, do hereby authorize the release of any criminal information relating to the undersigned to the Town of Farmington, Washington County, Wisconsin. This authorization will remain in effect as long as the undersigned holds a Liquor and/or Operator's License in the Town of Farmington.

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

Signature of Applicant

Date

For Office Use

Date Filed:		Record Check Date:		Date Considered:		License #: 1Y_	License #: 2Y_
Amount Paid:	Receipt #:	Record Check #:		Board Action: Approved Denied		Valid Through:	

DETAIL OF CONVICTION(S)

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

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Send completed forms and payment to:

Town of Farmington Town Clerk
Patty Hoerig
1807 County Road A
West Bend WI 53090

For any questions, call 262-429-1087