

Application For Beverage Operator's License

Answer all questions completely. Please print

Last Name:	First Name:	Middle Name:
Address:	Apt. #	City:
State & Zip Code:	Telephone Number:	
Drivers License #:	STATE:	
Have you held an operators license within the past 2 yrs in the Town of Colfax? Y / N		
Have you held an operators license within the past 2 yrs in a municipality other than the Town of Colfax? Proof required Y / N location _____		
As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Certificate required if new application-- dated within last 2 years. ATTACH A COPY IF NEW APPLICATION YES / NO		
Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States within the last 10 years? YES / NO		
Date of such Conviction:	Name of Court, County & State:	
Nature of offense:		
Have you been convicted of violating any license law or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors?		

To the TOWN BOARD of the TOWN OF COLFAX, WISCONSIN:

I hereby apply for a License to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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, from the date that the License may be granted until the following June 30th.

I further understand and agree that an investigation will be made of my background and of the information that I have supplied with this application and I further understand that this information (and the information derived from the information that I supply) will be a matter of public information which WILL be disclosed to the Town Board and MAY be disclosed to others. My signature at the end of this application not only attests to the truthfulness of the information given but also consents to the disclosure described herein.

I certify that I am _____ years of age and do not have an arrest or conviction record to §111.321, 111.322 and 111.335

Applicant Signature Date

Applicant Date of Birth

CLERK SIGNATURE:

Subscribed and sworn to before me this _____ day of _____ 20__.

Town Clerk

For Office Use Only

New License (\$17) Renewal (\$10) Year Ending: **June 30, 20__**

Town of Colfax
N8409 Cty Rd M
Colfax, WI 54730

Pick Up License

License #: _____ Amt. Paid _____ Mail License