

TOWN OF PLYMOUTH, SHEBOYGAN COUNTY
Application for Operator's License

I do hereby make application to the Town of Plymouth for an Operator's License as provided by Section 125.17 of the Wisconsin Statutes, to sell alcohol beverages in a place licensed by the Town of Plymouth for the sale of alcohol beverages.

I certify that I was born on _____ and am a person at least 18 years of age and that I have completed a Responsible Beverage Server Training Course. **If a new application, a copy of the certificate must accompany this application.**

I agree that I will comply with all laws, resolutions, ordinances and regulations (state, federal, and local) affecting the sale of alcohol beverages if a license is granted to me.

NAME (print) _____ PHONE # _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____

Name of Establishment where License will be used _____

Signature of Employer _____

Have you been convicted of violating any license law or ordinance regulating the sale of alcohol beverages? _____ Please Specify _____

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted of an OWI? _____ Yes _____ No

Please specify _____

Have you been convicted of any alcohol or drug offenses? _____ Yes _____ No

Please specify _____

(\$25.00) NEW _____ (\$25.00) RENEWAL _____ (\$15.00) PROVISIONAL _____

If renewal, list municipality and date of last license _____

Attach a copy of the license issued from another municipality.

BACKGROUND CHECKS ARE PERFORMED FOR ALL APPLICANTS BOTH NEW AND RENEWALS.

Dated this _____ day of _____, _____

Signature _____

Note: Include Payment with application.

The Town Board will take action on any new application at their regular scheduled meeting.

*** Office Use ***

Paid _____ (check) _____ (cash) License # Granted _____