

**TOWN OF HAYWARD  
APPLICATION FOR OPERATOR'S LICENSE**

I, \_\_\_\_\_, make application for an operator's license under s. 125.17, Wis. Stats., to sell/serve alcohol beverages in a place operated for the sale of alcohol beverages, and 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 me.

I certify that I am a person over 18 years of age and that I have successfully completed (or am enrolled in) a responsible beverage server training course.

\_\_\_\_\_  
Signature

**Answer the following questions completely: (Please print)**

_____ Last Name	_____ Maiden Name	_____ First Name	_____ Middle Name	
_____ Home Address	_____ City	_____ State	_____ Zip	_____ Telephone
_____ Social Security Number	_____ Date of Birth	_____ Place of Birth		

1. Have you ever been convicted of a felony or misdemeanor (other than traffic) for violations of any Federal laws, Wisconsin laws, any laws of any other States or ordinance of any municipality? Yes\_\_\_\_ No\_\_\_\_ If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges.  
\_\_\_\_\_  
\_\_\_\_\_
2. Are there any charges presently pending against you (other than traffic) for violations of any Federal laws, Wisconsin laws, any laws of any other States or ordinance of any municipality? Yes\_\_\_\_ No\_\_\_\_ If yes, describe status of charges pending.  
\_\_\_\_\_
3. I hereby consent to a records check to determine my qualifications under Chapter 125.04 (5) Wis. Stats.
4. The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and the answers in each instance are true and correct.

**NOTARY PUBLIC**

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Clerk/Notary Public Signature

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Establishment where license will be used

\_\_\_\_\_  
Date of application

Paid \_\_\_\_\_  
Provisional License \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Town Board Approval \_\_\_\_\_  
Regular License \_\_\_\_\_  
Expiration Date \_\_\_\_\_