

**RETURN THIS APPLICATION TO:**

Connie Przybylski, Clerk  
Town of Angelica  
W1583 County Road C  
Pulaski, WI 54162

Phone: (920) 822-3112  
(920) 822-8191

**FEE FOR OPERATOR'S LICENSE IS \$15.00. ~~~~ TO ACCOMPANY THIS APPLICATION**

**IF THIS APPLICATION IS NEW AND NOT A RENEWAL, PROOF OF COMPLETION OF THE ALCOHOL AWARENESS COURSE IS TO BE PROVIDED ALONG WITH THIS APPLICATION.**

**Application for an "Operator's" License**

To Serve Fermented Malt Beverages and Intoxicating Liquors

Date: \_\_\_\_\_, 2021

I, the undersigned, do hereby respectfully make application to the local governing body of the TOWN OF ANGELICA, COUNTY OF SHAWANO, WISCONSIN for a License to serve, from date hereof to June 30, 2022, 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 certify that I am \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant \_\_\_\_\_ Is application new or a renewal? \_\_\_\_\_

Address of Applicant \_\_\_\_\_

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's License), where was the privilege obtained? (Town) \_\_\_\_\_  
City  
Village

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? \_\_\_\_\_

Name of violation \_\_\_\_\_

STATE OF WISCONSIN

ss.

\_\_\_\_\_ County.

\_\_\_\_\_, 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.

X \_\_\_\_\_  
Applicant sign here

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 2021

\_\_\_\_\_  
NOTARY PUBLIC  
County, Wis.

My commission expires \_\_\_\_\_