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 $25.00. ~~~~ 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.

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Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors Date: _____, 2026

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, 2026, 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? City (Town) 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

Shawano 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