

**2023-2024 Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors (Operator's License Application)
Town of Stockton, Portage County, Wisconsin**

To the Town Board of the Town of Stockton, Portage County, Wisconsin:

I hereby apply for a License to serve, from **July 1, 2023** to **June 30, 2024**, inclusive of (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 hereof 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 understand that failure to comply with such laws, resolutions, ordinances, and regulations shall be cause for automatic revocation of the Operator's License issued by the Town of Stockton.

There is a \$20.00 charge for all Operator Licenses which must be paid prior to the application being reviewed and/or acted upon. The State of Wisconsin also imposes a 15-day mandatory waiting period for applications to be presented to the Town Board.

Valid Photo ID is required for all applications. Please attach a copy of driver's license or state issued ID.

I certify that I am ____ years of age and that I am not a repeat offender according to Wis. Stats. 939.62 (2).

Date of Birth _____

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____

Address of Applicant (street address or PO Box, City, State & Zip Code) _____

Driver's License Number _____

Have you ever been convicted or do you have any convictions pending for any felony or for violating any law of the State of Wisconsin or the United States? _____

Date of such conviction or pending conviction: _____

Name of Court: _____

Nature of Offense: _____

Have you ever been convicted or do you have any convictions pending for violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? _____

Date of such conviction or pending conviction: _____

Name of Court: _____

Nature of Offense: _____

The Law Enforcement Authorization Form, located on the reverse side of this application, must be completed by all applicants.

Law Enforcement Authorization Form

I authorize any law enforcement agency to release to the Town of Stockton, Portage County, Wisconsin, any criminal history that I may have. This authorization is in conjunction with my application for an Operator's License.

Signed: _____

Dated: _____

Name: _____, _____ _____ _____
(Last) (First) (Middle) (Maiden)

Alias: _____

Date of Birth: _____

Current Address (Include street address or PO Box, City, State and Zip Code)

Phone Number: _____

For Office Use Only

Paid \$_____ fee with check number _____

Dated _____

Date rec'd by clerk: _____

Date reported to Town Board: _____

Date License granted: _____

Date License issued: _____

License Number: _____

(Signature of Clerk)