

**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 \_\_\_\_\_