

Town of Fremont

E7403 Hwy 110
Fremont, WI 54940
920-446-2777

Request:	
<input type="checkbox"/> New	\$ 25.00
<input type="checkbox"/> Renewal	\$ 25.00
<input type="checkbox"/> Provisional	\$15.00
Check or Money Order Only - NO CASH Fees are non-refundable.	

Application for Operator's License

License Period - July 1 Through June 30 of the following year

Answer all questions completely. A **FALSE** or **INCOMPLETE** answer or statement in this application may result in denial or revocation of the license.

NAME : _____
 First Middle Initial Last

Street Address _____
 City State Zip Code

DOB: Month/Date/Year _____
 Daytime Phone

Driver's License Number (attach a copy) _____
 State

Other names, aliases or birthdates ever used: _____

Name of establishment where you will be serving/selling beverages/liquors _____

Have you completed the RESPONSIBLE BEVERAGE SERVER TRAINING COURSE within the last 2 years? _____ YES _____ NO (Copy must be attached)

***** or *****

Held a VALID operator's license in the State of Wisconsin within the last 2 year? _____ YES _____ NO
 If yes, indicate Municipality _____ and License No: _____ (attach copy)

Have you ever been arrested and/or convicted of a felony, misdemeanor, citation, ordinance violation, including OWI or DUI? YES _____ NO _____ Any pending charges? YES ___ NO___

If yes, please list all convictions/arrests/pending charges below. If more space is needed, use the back of this application:

YEAR	NATURE OF OFFENSE/ARREST/CONVICTION/PENDING CHARGE	ARRESTING AGENCY

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Fremont, Waupaca County, Wisconsin for a license to serve, from the date hereof to June 30, 20____, inclusive (unless sooner revoked) Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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 is granted to me.

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that applicant applying for an Operator's License is a Wisconsin resident.

Applicant's Signature

Date

Application will not be accepted without notarization seal.

STATE OF WISCONSIN

ss.

Waupaca County

NOTARY SIGNATURE:

Subscribed and sworn to before me _____ day of _____, 20_____.

_____ Notary Public

_____ County

_____ Commission Expires

The Town of Fremont will perform a background check to verify that the information you have provided is complete and accurate.

If there are concerns about your arrest/or conviction record as it relates to your application, or if it appears that you falsified or omitted information from your application, you may be called to appear before the Town Board.