

Phone: 262-677-4048

Website: www.townofjacksonwi.gov

Washington County 3146 Division Road Jackson, WI 53037

2024

APPLICATION FOR AN "OPERATOR'S" LICENSE

to serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Jackson, Washington County, Wisconsin,** for a License to serve, from date hereof to June 30, 2025 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.

Answer the following quest	ions fully and completely – Please print:
Name of Applicant:	 _
Address of Applicant:	
Phone:	Alternate Phone:
I certify that I am years	Date of Birth
manager's or operator's lic	have you held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a ense? Yes No If yes, where was the privilege obtained? If you have not held a license in the Town of Jackson in the past three years, copy of the license that you have held must be submitted with your application.
(or equivalent alcohol awa	Statutes 125.17(6), have you completed the Responsible Beverage Service Course, reness course)? Yes No Date of Completion If you have not held a license in the Town of Jackson in the past three years, opy of the course completion certificate must be submitted with your application.
Yes No If yes, da	ted of any felony or of violating any law of the State of Wisconsin or of the United States? te of such conviction Nature of Offense
•	ted of violating any license law or ordinance regulating the sale of fermented malt beverages or No If yes, date of such conviction Nature of Offense
Dated:, 2024	Signature of Applicant