

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

To the Town Board of the Town of Sharon, 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 Sharon.

There is a **\$20.00** for all Operator Licenses which must be paid prior to the application being reviewed and/or acted upon.

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

Date of birth: _____ Applicant Signature: _____

Name of Applicant: _____

Address of Applicant: _____

Driver's License Number: _____

Where will you be employed? _____

Answer the following questions fully and completely:

- | | | |
|---|------------|----------------|
| 1. Is this application a new or a renewal for the Town of Sharon? | New | Renewal |
| 2. Have you completed the Alcohol Awareness course required by WI Statutes 125.17(6)?
(If yes, and this is NOT a renewal in the Town of Sharon provide a copy of certificate within the last two years). | Yes | No |
| 3. Have you ever been convicted OR do you have convictions pending for any felony or for violating any law of the State of Wisconsin OR in the United States? | YES | NO |

Date of such conviction or pending conviction: _____ Name of Court _____

Nature of Offense: _____

- | | | |
|--|------------|-----------|
| 4. Have you ever been convicted or do you have any convictions pending for violating any license law or ordinance regulating the sale of beverage or intoxicating liquors? | YES | NO |
|--|------------|-----------|

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 Sharon, Portage County, Wisconsin, any criminal history that I my have. This authorization is in conjunction with my application for an Operator's License.

Signed: _____

Date: _____

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ALIAS: _____

DATE OF BIRTH: _____

CURRENT ADDRESS (include street address or PO Box, City, State and Zip Code)

PHONE: _____

=====
For Office Use Only

Paid \$ _____ fee with check number _____

Date received by Clerk _____

Date reported to Town Board _____

Date license granted _____

Date license issued _____

License Number _____

Clerk Signature _____

Applicant's Signature _____ Date _____