



## APPLICATION FOR AN OPERATOR'S LICENSE

I, the undersigned, do hereby respectfully make application to the Town of Sevastopol, Door County, Wisconsin, for an "OPERATOR'S" license as provided by Section 125.17 of the Wisconsin Statutes to sell alcohol beverages in a place operated for the sale of alcohol beverages, for the year ending June 30, \_\_\_\_\_. 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.

I certify that I am a person over 18 years of age and that I have successfully completed a responsible beverage server training course; that I have been a Wisconsin resident for at least ninety (90) days prior to date of application; and that I have not been convicted for any violations of the provisions of any license law relating to intoxicating or non-intoxicating liquors.

### **PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FEE: \$10.00 (License and processing)

PAYABLE TO: TOWN OF SEVASTOPOL  
P. O. BOX 135  
STURGEON BAY WI 54235-0135