4528 State Highway 57, Sturgeon Bay WI 54235
Telephone: (920) 746-1230
Fax: (920)746-1245
Email: office@townofsevastopol.com
Website: www.townofsevastopol.com

Last Name	First Name	M.I.	D.O.B.
Driver's License Number		State	Expiration Date
Home Address	City	State	ZIP
Daytime Phone	Email		
Place of Employment		Employer Phone	

I certify that:

- I have held an operator's, premises or manager's license within the past two years, have completed the "Responsible Beverage Servicer's Training Course",
- I am a person over eighteen (18) years of age,
- I have been a Wisconsin resident for at least ninety (90) days prior to date of application,
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State, and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.

Have you ever been convicted of a felony: -No - Yes

If so, state date, nature of offense, and location:

Date	**Nature of Offense**	**Location: City, Count, State**

I do hereby make application for an operator's license from the date hereof to June 30, 20____, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provision of and limitations imposed by Chapter 125 of the Wisconsin Statutes, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in this application subscribed by me are true and correct to the best of my knowledge.

Signature:_____

Date:_____

FEE: **$10.00 (License and Processing)**

PAYABLE TO: **TOWN OF SEVASTOPOL**
4528 STATE HIGHWAY 57
STURGEON BAY WI 54235

For office use only

Receipt #	License #