

**APPLICATION FOR  
ALCOHOL BEVERAGE OPERATOR'S LICENSE**

I hereby make application with the Town of Milton, Rock County, in the State of Wisconsin, for an Operator's License to sell Fermented Malt Beverages and Intoxicating Liquors in the Town of Milton, the same to expire on the 30th day of June \_\_\_\_\_.

\*\*\*\*\* **Note: You must be current with all monies owed to the Town of Milton.** \*\*\*\*\*

DATE: \_\_\_\_\_ *NOTE – NO REFUNDS GIVEN* PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/ MAIDEN NAME: \_\_\_\_\_ MALE  FEMALE

The following information is required to run a criminal history and driving record check:

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER/ STATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES YOU HAVE INCURRED DURING THE PAST FIVE (5) YEARS. DO NOT INCLUDE ANY TRAFFIC OFFENSES FOR WHICH THE PENALTY IMPOSED WAS LESS THAN \$50.00.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my Operator's License upon demand, due to any false statements upon this application.

\_\_\_\_\_  
Applicant's Signature

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Regular License \_\_\_\_\_ 60 day Provisional License \_\_\_\_\_ 60 Day Expiration Date: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Special Event Temporary \_\_\_\_\_  
Attended the required educational course \_\_\_\_\_ Copy of certificate attached \_\_\_\_\_

POLICE DEPARTMENT BACKGROUND CHECK DONE BY \_\_\_\_\_, DATE \_\_\_\_\_

APPROVAL BY TOWN BOARD: \_\_\_\_\_  
DATE LICENSE NUMBER