APPLICATION FOR OPERATOR'S LICENSE

Town of Washington 2301 Town Hall Rd Eagle River WI 54521 715.479.8886 clerk.townofwashington@gmail.com

PRINT ALL INFORMATION NEATLY

APPLICANT'S COMPLETE NAME (First, Middle, Last) (Maiden Name if applicable)				
DATE OF BIRTH	AGE	EMAIL ADDRESS		
APPLICANT'S STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)		PHONE NUMBER		
RACE		MALE/ FEMALE	SOCIAL SECURITY NUMBER	
LICENSE FOR USE AT (Name of Establishment in Town of Washington):				

1) I CERTIFY THAT:

- I have held an Operator's or Manager's License OR have completed the "Responsible Beverage Server's Training Course" within the past two (2) years. **~ YOU MUST PROVIDE A COPY OF ONE OF THESE WITH THE APPLICATION.**
- I am familiar with ALL laws, resolutions, ordinances and regulations, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and will obey all provisions thereof.
- I am a citizen of the United States of America at least 18 years of age.

2) HAVE YOU EVER HAD AN OPERATOR'S LICENSE SUSPENDED OR REVOKED? **NO ____** **YES____**

If yes, explain: _____

3) HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF FEDERAL, STATE OR LOCAL LAWS OR HAVE PENDING CHARGES, INCLUDING DRUG OR ALCOHOL OFFENSES **NO____** **YES____** If yes, answer the following:

DATE **NATURE OF OFFENSE** **LOCATION: CITY, COUNTY, STATE**

_____

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4) HAVE YOU BEEN CONVICTED OF VIOLATING ANY LAW OR ORDINANCE REGULATING THE SALE OF FERMENTED MALT BEVERAGES OR INTOXICATING LIQUORS? **NO____** **YES____** If yes, answer the following:

DATE **NATURE OF OFFENSE** **LOCATION: CITY, COUNTY, STATE**

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IF MORE ROOM IS NEEDED FOR FURTHER EXPLANATION OF ANY OF THE ABOVE, PLEASE USE THE BACKSIDE OF APPLICATION.

5) I hereby make an application for an Operator's License from the Town of Washington County of Vilas, to dispense alcoholic beverages on premises requiring a retail alcohol license in the State of Wisconsin, subject to provisions of and limitations imposed by Chapter 125, WI Statutes and all ordinances of the Town of Washington Code of Ordinances, and all acts amendatory thereof and supplementary thereto.

I further certify that *all statements made above are true*. I give the Town of Washington permission to perform any necessary checks to verify the above statements. **I understand that if any false statements OR omissions are made on this application, it will automatically void consideration for its approval.** I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license.

THE MAXIMUM LENGTH OF THIS LICENSE WILL BE FOR TWO YEARS AND MUST BE RENEWED UPON EXPIRATION.

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APPLICANT SIGNATURE

$30.00 FEE - Fee *MUST* accompany application. Make checks payable to: Town of Washington.

Revised – June 2026