



Town of Freedom

FEES ARE NON-REFUNDABLE

Operator License \$40.00 Plus a provisional \$55.00

Total fee paid \$ _____ **Receipt** _____

Date Recv'd ___/___/___

Original Application
 Renewal – License # _____

LICENSE APPLICATION for OPERATOR'S (BARTENDER'S) LICENSE

SECTION 1 – APPLICANT INFORMATION					
Applicant Name (Last, First, MI)				Maiden	
Street Address			City	State	Zip
Driver's License Number				State License Issued In:	
Date of Birth	Sex	Home Phone Number		Cell phone Number	
Name and Address of Establishment you will be selling alcohol					
SECTION 2 – CONVICTION RECORD – NEW APPLICANT: List any pending charges, citations, tickets and all convictions since last license application. Failure to provide complete answers may result in a denial of your application.					
Have you EVER had an Operator's (Bartender's) License? If Yes; where?				YES	NO
Have you EVER been convicted of a felony? If Yes; when, where and what type of violation? (Please be specific)				YES	NO
Have you EVER been convicted of a misdemeanor or ordinance violation? If Yes; when, where and what type of violation? (Example: speeding, OWI)				YES	NO
SECTION 2 – CONVICTION RECORD – RENEWAL APPLICANT: List any pending charges, citations, tickets and all convictions since last license application. Failure to provide complete answers may result in a denial of your application.					
Have you EVER had an Operator's (Bartender's) License? If Yes; where?				YES	NO
Have you been convicted of a felony <i>since last license application</i> ? If Yes; when, where and what type of violation? (Please be specific)				YES	NO
Have you been convicted of a misdemeanor or ordinance violation <i>since last license application</i> ? If Yes; when, where and what type of violation? (Example: speeding, OWI)				YES	NO
SECTION 3 – PENALTY NOTICE					
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.					
I understand that submitting false information shall cause for denial or revocation.					
I further certify that I am familiar with the laws, and regulations pertaining to the sale of Fermented Malt Beverages and Intoxicating Liquor under Class "A" and Class "B" Licensees and I hereby agree, if granted said license, to obey all provisions of said laws, ordinance s and regulations.					
Date: _____		Signature: _____			
FOR OFFICE USE ONLY					
OUTAGAMIE COUNTY		<input type="checkbox"/> Recommend	<input type="checkbox"/> Deny	Reason:	
TB Approved	Date Issued	Expiration Date	License Number		

Return application to: Town Clerk, W2004 County S, PO Box 1007, Freedom, WI 54131