Application for "Operator's" License – City of Osseo, Wisconsin

To Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Regular - $20.00 ☐ Provisional - $10.00

☐ New ☐ Renewal

I, the undersigned, do hereby respectfully make application to the local governing body of the **City of Osseo, County of Trempealeau**, State of Wisconsin for a license to serve Fermented Malt Beverages and Intoxicating Liquors, from date hereof to June 30, 20___, inclusive (unless sooner revoked) subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license is granted to me.

Name of Applicant _____ _____ _____ _____
Given First Name Middle Last Name Prior Last Name(s)

Address of Applicant _____ _____ _____ _____
(Street) (City) (State) (Zip)

Driver's License #_____ Phone #_____

I certify that I am _____ years of age. Date of Birth _____/_____/_____

As required by WI Statutes Section 125.17 (6), have you completed a responsible beverage server training course? _____

If so, where? _____ Date completed _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? (City) _____

****A printout from the Wisconsin Circuit Court Access website at http://wcca.wicourts.gov must be attached, even if the page reads "No results".****

STATE OF WISCONSIN)
Trempealeau County. ss.)

_____, being first duly sworn on oath states that they are the person who made and signed the foregoing application for an operator's license; that all the statements made by the application are true and correct. I understand if any information provided is found to be falsified/incorrect, my operator's license may be revoked or denied at that time.

SIGNATURE OF APPLICANT: _____

OFFICIAL USE:
Name of Business:_____ **Date received:**_____

Application approved by:_____ **Date Approved:**_____
(Chief of Police)