

Town of Polk

Circle one: Provisional \$15.00 (60 days) Annual \$30.00 (July through June)

Application for Operator (Bartender) license to serve fermented malt beverages & intoxicating liquors from _____ to June 30, _____.

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|--|-----------------------|
| To the Town of Polk: I hereby apply for a License to serve Fermented Malt Beverages & Intoxicating Liquors, 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 Federal, State and Local regulations affecting the sale of such beverages and liquors if a license be granted to me. | |
| First Name | Middle Initial |
| Last Name | Date of Birth |
| Telephone # | |
| Street Address | |
| Your City/Town/Village | Zip |
| Name of establishment you are applying for work: | |
| <p>Have you ever been charged of a felony or violating a Municipal ordinance, state statute or federal law (excluding traffic violations) - circle one Yes No</p> <p>Have you ever been charged with violating any law or ordinance regulating the sale of fermented malt beverages or intoxicating beverages? - circle one Yes No</p> | |

AUTHORIZATION AND CONCENT: The undersigned, being an applicant for an operator’s license in the Town of Polk, Washington County, Wisconsin, does hereby authorize the Town of Polk, through Washington County Sheriff’s Department, to obtain from the Federal Bureau of Investigation, from the Wisconsin Crime Information Bureau, and from the Washington County Sheriff’s Department any information and records which those agencies may have concerning the undersigned applicant; and hereby, consent to and waives any objection to the use of any such information and records by the Town in determining whether to grant an operator’s license to the undersigned applicant.

Print Full Name _____

Your signature _____

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|---|
| OFFICE COMPLETION: |
| Subscribed and sworn to before me on _____ 20_____. |
| Notary Public: _____ |
| My commission expires: _____ |

