



## Operator License Application

Town of Farmington  
E913 Prairie View Ln  
Waupaca WI 54981

License Expires June 30, \_\_\_\_\_

Date Filed: \_\_\_\_\_

☐ Operator \$20.00 Circle: New or Renewal  
☐ Provisional \$15.00

☐ Responsible Beverage Class (attach certificate)  
(New applicants only)

☐ Temporary N/C for license  
(License is limited to 2 per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations).

Date(s) Needed: \_\_\_\_\_

Event Name: \_\_\_\_\_

Office Use Only:

Receipt #: \_\_\_\_\_

Date Approved: \_\_\_\_\_ License #: \_\_\_\_\_

### Filling out your application

Initial

1. An Operator's License is a privilege, not a right. \_\_\_\_\_
2. This application must be filled out accurately and completely. \_\_\_\_\_
3. Your application will not be issued until all Town fines/tickets are paid in full

### Review of your application

1. The Town of Farmington will perform a background check. \_\_\_\_\_
2. If there are concerns about your background check, you may be called to appear before the Town Board. \_\_\_\_\_
3. If you are asked to appear but choose not to do so, your application may be denied. \_\_\_\_\_
4. Meetings of the Town Board are open to the public. This application is a public record subject to release. \_\_\_\_\_

Last Name (Please Print)		First Name		M.I. (Required)	
Residence: Street Address		City	State		Zip
Phone		Date of Birth		Driver's License Number	
Place of Employment to Serve/Sell Alcohol			Have you gone by any other names (maiden, etc)? <input type="checkbox"/> No Yes, Please List: _____		
Previous address in past 5 years: _____					
Have you lived in another state? <input type="checkbox"/> No Yes, Please List: _____					

### Application must be notarized if not presented in person.

*I swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify I am familiar with the laws, ordinances and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that falsification of this application will result in automatic denial. If denied, your provisional license must be surrendered to the Town of Farmington immediately.*

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant Signature

Notary Public or Clerk's Office

My Commission expires: \_\_\_\_\_

Office Use Only: