



Operator License Application

Town of Farmington License Expires June 30, _____
E913 Prairie View Ln
Waupaca WI 54981 Date Filed: _____

<input type="checkbox"/> Operator \$20.00 Circle: New or Renewal <input type="checkbox"/> Provisional \$15.00 (Need to serve prior to license or class) Renewals are Town of Farmington ONLY!	<p align="center">NEW APPLICATIONS ONLY</p> <input type="checkbox"/> Responsible Beverage Class (attach certificate) <input type="checkbox"/> Other Municipal Operator License (attach copy) Municipality: _____
<input type="checkbox"/> 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	
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: _____					

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.

_____ Clerk's Office

_____ Applicant Signature

Date: _____