

**Village of Bonduel**  
**Application for an "Operator's License"**  
to serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, to hereby respectfully make application to the local governing body of the Village of Bonduel, County of Shawano, Wisconsin for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and 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 regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am \_\_\_\_\_ years of age.      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**X** \_\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely:**

Date of Application \_\_\_\_\_      \_\_\_\_\_ New Applicant      \_\_\_\_\_ Renewal

\_\_\_\_\_  
Name of Applicant (including middle initial)      List all Former Names      Place of Employment

\_\_\_\_\_  
Physical Address of Applicant including city      Phone Number

If this is a renewal (within the past two years held a Class A, Class C, Class B or Class B license or permit or a manager or operator license), where was the privilege obtained?

\_\_\_\_\_

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_  
If so, where? \_\_\_\_\_

Have you been convicted of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_  
If yes, please list below.

Date of conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of Offense \_\_\_\_\_  
(If you need additional space, please use the backside of this form.)

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? \_\_\_\_\_ If yes, please list below.

Name of Violation \_\_\_\_\_

**STATE OF WISCONSIN**  
**Shawano County**

\_\_\_\_\_, being duly sworn on oath says that (s)he is the person who made a signed the foregoing application for an operator license; that all the statements made by the applicant are true.

**X** \_\_\_\_\_.

Subscribed and sworn to before me this ____ day of _____, 20__.  _____  Notary Public, _____ County, WI.
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For Office Use Only      Form revised 03/14/2011 Cash/Check _____ Certificate on File _____ Date of Board Meeting _____ Approved ___ Denied ___ Provisional License # _____ Date Issued _____ Expires _____ Regular License # _____ Date Issued _____ Expires _____
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