

**TOWN OF FLAMBEAU  
N5755 Cty Rd J  
LADYSMITH, WI 54848**

**APPLICATION FOR AN "OPERATOR'S LICENSE"  
To Serve Fermented Malt Beverages and Intoxicating Liquors**

Application type: Renewal \_\_\_\_\_ New \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

I, the undersigned do hereby respectfully make application to the local governing body of the Town of Flambeau, Rusk County, 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, regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Signature: \_\_\_\_\_

Answer the following questions fully and completely: Use back of application for additional information.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

If renewal, where was your current license obtained? \_\_\_\_\_

As required by Wisconsin statutes 125.17(6) have you completed the Alcohol Awareness Course? Yes \_\_\_  
No \_\_\_

Have you been convicted of any felony or of violating any Federal, State or local laws? Yes \_\_\_ No \_\_\_

If yes: Date of conviction: \_\_\_\_\_ State of Conviction: \_\_\_ Court of Conviction: \_\_\_\_\_

Nature of Offense:  
\_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented Malt Beverages of Intoxicating Liquors? Yes \_\_\_ No \_\_\_

If yes: Nature of violation:  
\_\_\_\_\_

(continued on back)

**State of Wisconsin**

**Rusk County**

**The applicant being first duly sworn on oath says that he/she is the person who made and signed the forgoing application for an Operator's License and that all statements are true.**

**Signed:** \_\_\_\_\_

**Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_ **Notary Public, Rusk County, Wisconsin**

**Notary Expires** \_\_\_\_\_