

**TOWN OF MILTON, ROCK COUNTY
APPLICATION FOR AN ALCOHOL BEVERAGE OPERATOR'S LICENSE**

I, _____, hereby apply to the Town of Milton, Rock County, within the State of Wisconsin, for an Operator's License to sell Fermented Malt Beverages and Intoxicating Liquors in the Town of Milton, Rock County. I accept that upon approval, my license will expire on the 30th day of June, _____.
Furthermore, I understand I will need to renew my license annually.

Notice: At the time of submission, applicants must be in good standing (NO monies owed) to the Town of Milton.

DATE: _____ PHONE: _____ EMAIL: _____

NAME: _____ ALIAS/ MAIDEN NAME: _____
LAST FIRST M.I.

PLACE OF EMPLOYMENT: _____ EMPLOYER PHONE: _____

The following information is required to complete a criminal history and driving record check:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RACE: _____

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____ MALE FEMALE

CURRENT RESIDENCE: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) _____

PREVIOUS ADDRESS: _____

DISCLOSURE

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES YOU HAVE INCURRED DURING THE PAST FIVE (5) YEARS. DO NOT INCLUDE ANY TRAFFIC OFFENSES FOR WHICH THE PENALTY IMPOSED WAS LESS THAN \$50.00. _____

AUTHORIZATION

I have read and answered all of the above statements and questions, and I am hereby consenting to the investigation of these facts and state that all of the above statements are true and correct to the best of my knowledge. I also consent to the revocation of my Operator's License upon demand due to any false statements on this application.

(Applicant's Signature) Date: _____

DO NOT FILL OUT FOR OFFICIAL TOWN USE ONLY:

Regular License _____ 60-day Provisional License _____ 60 Day Expiration Date: _____ Amount Paid: _____ New _____
Renewal _____ Special Event Temporary _____ Attended the required educational course _____ Copy of certificate attached _____

POLICE DEPARTMENT BACKGROUND CHECK DONE BY _____ PASS / FAIL DATE _____

APPROVAL BY: _____ DATE: _____ LICENSE NUMBER: _____