



**TOWN OF CLAYTON  
STATE OF WISCONSIN  
APPLICATION FOR OPERATORS LICENSE  
To Serve Fermented Malt Beverages and Intoxicating Liquors**

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Clayton, County of Winnebago, Wisconsin, for a license to serve, from the date hereof to June 30, \_\_\_\_\_, 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 is granted to me.

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

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Aliases used: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(#) (Street Name) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_  
( ) (Home) (Cell) (Alternate)

Drivers License # (Also attach copy): \_\_\_\_\_

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

Is this application NEW or a RENEWAL? \_\_\_\_\_

If renewal (within the past 2 years held a Class "A", Class "B", Class "C" license or permit, or a manager's 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? \_\_\_\_\_ (Attach copy of Certificate of Completion)

Have you been convicted of any **felony** in the State of Wisconsin or any other State? \_\_\_\_\_  
Date of such conviction(s): \_\_\_\_\_  
Name and Location of Court: \_\_\_\_\_  
Nature of Offense(s): \_\_\_\_\_

Have you been convicted of violating **any law** of the State of Wisconsin or any other State in the U.S.? \_\_\_\_\_  
Date of such conviction(s): \_\_\_\_\_  
Name and Location of Court: \_\_\_\_\_  
Nature of Offense: \_\_\_\_\_

Have you been convicted of violating **any municipal ordinance within** Wisconsin or any other State in the U.S.? \_\_\_\_\_  
Date of such conviction(s): \_\_\_\_\_  
Name and Location of Municipality: \_\_\_\_\_  
Nature of Offense: \_\_\_\_\_

Have you ever been convicted of violating **any license law or ordinance** regulating the sale of **fermented malt beverages or intoxicating liquors**? \_\_\_\_\_  
Nature of Violation: \_\_\_\_\_

***I am aware that the Town of Clayton Clerk will run a criminal background check.  
I am aware that the application fee and provisional license fee are non-refundable.***

Name of Town of Clayton establishment you expect to attend: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below to be completed by Town Clerk/Deputy

**STATE OF WISCONSIN, WINNEBAGO COUNTY**

\_\_\_\_\_, being first duly sworn on oath, says that (s)he is the person who made and signed the foregoing Application for an Operator's License and that all statements made by the Applicant are true.

Clerk's Signature & Date: \_\_\_\_\_

**Provisional License Issued:** \_\_\_\_\_ **Town Board Ruling:** \_\_\_\_\_ **Appeal:** \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Clerk:: \_\_\_\_\_ Approved: \_\_\_\_\_ Approved: \_\_\_\_\_  
Amt. Paid: \_\_\_\_\_ Denied: \_\_\_\_\_ Denied: \_\_\_\_\_