

**City of Marion**  
**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 City of Marion, County of Shawano and Waupaca, 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 do not have an arrest or conviction record to s.s. 111.321, 111322, and 111.335. Answer the following questions fully and completely:

New Applicant     Renewal Application    I will be primarily bartending at: \_\_\_\_\_

\_\_\_\_\_  
Full Name of Applicant (including middle initial) Maiden Name

\_\_\_\_\_  
Physical and Mailing Address of Applicant including city, state and zip code.

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

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

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

If yes, where? \_\_\_\_\_

**Attach a copy of said certificate of successful completion to this application.**

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.

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

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

Included in this application is the required fee of \$\_\_\_\_\_ Application will not be processed until payment is made.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

STATE OF WISCONSIN

\_\_\_\_\_  
County

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, WI.

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

For Office Use Only	Form revised 24SEP10							
Cash/Check _____	Certificate on File _____	Date of Council Meeting _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				
Provisional License # _____	Date Issued _____	Expires _____						
Regular License # _____	Date Issued _____	Expires _____						