

**APPLICATION  
FOR BEVERAGE AND INTOXICATING LIQUORS  
OPERATOR LICENSE**

**FOR OFFICE USE ONLY**

Operator's License     \$10

Provisional ☐ License No:

New ☐ License No:

Renewal ☐ License No:

**TO THE TOWN BOARD OF LAKE HOLCOMBE, WISCONSIN:**

I hereby apply for a license to serve, from the date hereof to June 30, 2026 (unless revoked sooner), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereafter and supplementary thereto. I hereby agree to comply with all laws, resolutions, ordinances, and regulations set by Federal, State, and Local government affecting the sale of such beverages and liquors if a license is granted to me.

Date: \_\_\_\_\_

**PLEASE PRINT:**

Name of Applicant: \_\_\_\_\_ Former Name: \_\_\_\_\_

Driver's License No. & State: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizen of U.S.? Yes \_\_\_ No \_\_\_ Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Residence: List all previous residences for the past two years (begin with the most recent)

Month & Year – From:To:     Address:     State:     Zip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License to be used at: (Name of Establishment) \_\_\_\_\_

**Check one:** \_\_\_\_\_ I have held an operator license within the last two years  
(proof required if held in municipality other than the Town of Lake Holcombe)  
\_\_\_\_\_ I have completed the Beverage Service Training Course within the last two  
years (certificate required)

125.17(5) (a)(2) Subject to pars. (b) to (e), a municipal governing body that issues operator's licenses shall issue a provisional operator's license to a person who, at the time of application for an operator's license under sub. (1) and payment of the fee under sub. (3), files a certified copy of a valid operator's license issued by another municipality.

**Do you have a pending arrest or have you been convicted of any alcohol beverage related offenses including any of the following, as a juvenile or an adult?**

Illegal purchase, sale, or providing intoxicating liquor or beer? Yes \_\_\_ No \_\_\_

Violation of closing hours at a licensed premise? Yes \_\_\_ No \_\_\_

Any other violation of laws pertaining to alcoholic beverages? Yes \_\_\_ No \_\_\_

Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment? Yes \_\_\_ No \_\_\_

Obstructing a police officer while on the licensed premises for the sale of alcoholic beverages? Yes \_\_\_ No \_\_\_

Operating a motor vehicle while under the influence of alcohol or controlled substance or with  
a prohibited alcohol concentration (Wis. Stat. 346.63)? Yes \_\_\_ No \_\_\_

Operating a motor vehicle while under the age of 21 with a blood alcohol of more than .0%  
but not more than .1% (Wis. Stat. 346.63(2)(m)? Yes \_\_\_ No \_\_\_

Having alcohol beverages in your possession in a motor vehicle as a driver or passenger  
(Wis. Stat. 346.935)? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony: Yes \_\_\_ No \_\_\_

Do you have any criminal or ordinance charges presently pending? Yes \_\_\_ No \_\_\_

**If you answered yes to any of the above questions, list the charge, exact location of arresting agency, and date of conviction and penalty.**

<u>Date:</u>	<u>Nature of Offense:</u>	<u>County:</u>	<u>State:</u>
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I authorize investigation of all statements contained in his license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to the town board of the Town of Lake Holcombe.

I authorize the Town of Lake Holcombe to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

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