



Town of Sheboygan Falls

W3860 CTH O, Sheboygan Falls, WI 53085
Phone/ Fax 920-467-1922

Operator's License Application

To the Town Board of the Town of Sheboygan Falls, Sheboygan County, Wisconsin

I am applying for an Operator's License as provided by Sec. 125.17 of the Wisconsin Statutes for the year ending June 30, 20 __. I certify that I am familiar with the laws of the State of Wisconsin and the ordinances of the Town of Sheboygan Falls, Wisconsin relating to alcoholic beverages, and agree to obey all provisions of said laws.

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: _____

PRESENT EMPLOYMENT: _____

Do you now have, or have you in the past had an Operator's License, Class A License, or Class B License; issued by any municipality in the State of Wisconsin? _____

If so, state the years and names of the issuing municipalities:

Have you ever been convicted of any felony, or any violation of any intoxicating liquor or alcohol beverage law? _____

If so, state date of conviction, nature of charges and location of court(s):

Signature: _____ Date: _____

Any person who provides false or inaccurate information may be denied the license for which they are applying for.

All persons applying for an Operator's license is subject to a background check. You have the right to obtain a copy of any criminal history records, if any.