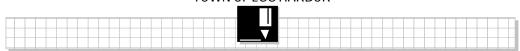
TOWN OF EGG HARBOR



5242 COUNTY I, STURGEON BAY, WI 54235 ♦ OFFICE HOURS: Monday, Tuesday, Thursday 8:30-4:00PM Phone 920-743-6141 ♦ Fax 920-743-1102 ♦ Email towneggharbor@newwis.com

2016/2017 APPLICATION for OPERATOR'S LICENSE

I hereby apply for a License to serve from date hereof to June 30, 2016, Inclusive (unless sooner revoked), Fermented Malt Beverages and intoxicating Liquors, subject to the limitations imposed by Section 66.054(11) and 176.05(11) 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 me.

I certify that I amyears of age.	
ANSWER THE FOLLOWING QUESTIONS FULLY AND COM	MPLETE
Name of Applicant	
Address of Applicant	
Have you been convicted of a felony or violating any Date of such convictionName of Co	y law of the State of WI or of the United States?
Have you been convicted of violating any license law intoxicating liquor?	
I have completed the <u>RESPONSIBLE BARTENDER</u> At(place, beverage c	
Orcheck if you have been issued an Operator's I then within The Town of Egg Harbor.	license within the last two years in the State of WI other
	ERTIFICATE or License issued within the last two years newal in the Town of Egg Harbor within the last 2 years)
I	Dated thisday of20
-	Signature of Applicant

FEE: \$10.00