TOWN OF EGG HARBOR

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

2018/2019 APPLICATION
for
OPERATOR'S LICENSE

I hereby apply for a License to serve from date hereof to June 30, 2019, 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 am _____years of age.

_____

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETE

Name of Applicant_____

Address of Applicant_____

Have you been convicted of a felony or violating any law of the State of WI or of the United States?_____
Date of such conviction._____Name of Court_____
Nature of offense_____

Have you been convicted of violating any license law or ordinance regulating the sale of beverage or intoxicating liquor?_____

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