

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: clerk@townofegg Harbor.org

**2025/2026 APPLICATION
for
OPERATOR'S LICENSE**

I hereby apply for a License to serve from date hereof to June 30, 2025, 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 _____
Email _____ Contact# _____

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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**I have completed the RESPONSIBLE BARTENDER COURSE on _____ (date)
_____ (place, beverage course within the State of WI)

**Or ___check if you have been issued an Operator's license within the last two years in the State of WI other than within The Town of Egg Harbor.

**Or ___check if you have been issued an Operator's license within the last two years in the Town of Egg Harbor.

PLEASE ATTACH A COPY OF BARTENDER CERTIFICATE or License issued within the last two years from another jurisdiction. (not needed if this is a renewal in the Town of Egg Harbor within the last 2 years)

Dated this _____ day of _____ 20 _____

Signature of Applicant

FEE: \$10.00