



Town of Ellington
APPLICATION FOR OPERATOR'S LICENSE
License Expires June 30, _____

SECTION 1 – LICENSE TYPE

<input type="checkbox"/> Operator Circle: New \$25 or Renewal \$25 <input type="checkbox"/> Responsible Beverage Training Certificate (Attach Certificate) <input type="checkbox"/> WI Driver's License or WI State ID (Attach Copy)	<input type="checkbox"/> Temporary (License is limited to the date of event and only to person employed by or donating their services for nonprofit corporations.) Date Needed: _____ Event Name: _____
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SECTION 2 – APPLICANT INFORMATION

Full Legal Name (Last, First, MI)		Other Last Names	
Street Address		City	State & Zip
Driver's License Number		Date of Birth	
Phone Number	Sex	Name of the Establishment where you will be serving alcohol	

SECTION 3 – BACKGROUND CHECK INFORMATION- Use additional page if necessary.

All Traffic and Non-Traffic Violations, Felony, & Misdemeanors (within the last 10 years)	Status (Pending Charge, Guilty, Dismissed in Plea Deal etc.)	Date

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the Town of Ellington, County of Outagamie, Wisconsin, for an "Operator's License" as provided by Section 125.17 of the Wisconsin Statutes.

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

 Applicant's Signature

***IF YOUR APPLICATION SHOULD BE DENIED BY THE TOWN BOARD, FEES ARE NONREFUNDABLE**

Received by Clerk: _____	Reported to Town Board: _____	Check Amt: _____	Check No. _____
Town Board decision: Approved or Denied due to: _____			License # _____