Town of Port Washington Application for an "Operator's" License

to Serve Fermented Malt Beverages and Intoxicating Liquors

Establishment of Service:
Name of Applicant: (print)
Address of Applicant:
I certify that I amyears of age. Date of Birth/
I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Port Washington, Ozaukee County, Wisconsin for a License to serve, from date hereof to June 30, 2021 inclusive (unless sooner revoked) Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statues 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 to me.
Answer the following questions fully and completely:
 Is this a new application or renewal? Renewal/new: If renewal (within the past 2 years held a Class "A", Class "C", Class "B" license or permit or a manager's or operator's license) where was the privilege obtained? City/Town/Village As required by WI Statues Section 125.17(6), have you completed the alcohol awareness course? Y/N If so, where?
 Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Y / N. If yes, date of such conviction/
 Nature of offense:
Signature of Applicant:Date: