

TOWN OF MAPLE GROVE
c/o Mary Jo Krahn
6302 Aspen Rd, Reedsville, WI 54230
(920) 905-3887

OPERATOR'S LICENSE APPLICATION

Fee: \$10.00. Check made out to Town of Maple Grove

New Application _____ Renewal Application _____

I, _____ the undersigned Applicant, do hereby respectfully make application to the local governing body of the Town of Maple Grove, in Manitowoc County, Wisconsin for a license to serve, inclusive fermented malt beverage and intoxicating liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) 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 is granted to me.

Print Name of Applicant: _____
As appears on Drivers License

Print Address of Applicant: _____

Social Security Number: _____ Phone Number: _____

I certify that I am _____ years-of-age and my date of birth is _____

Are you a citizen of the United States of America? _____

As required by the State of Wisconsin Statutes, have you completed the Responsible Beverage Server Training Course (RBSTC)? _____ If yes, please attach a copy of the document.

Have you been convicted of any felony or of violating any law of the State of Wisconsin or any felony or of violating any law of the United States of America? _____

If yes: Date of conviction: _____ Nature of offense: _____

Have you been convicted of violating any State of Wisconsin license law or local ordinance regulating the sale of fermented malt beverages or intoxicating liquors: _____

If yes: Date of conviction: _____ Nature of violation: _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Date Filed: _____ RBSTC: _____ Records Check: _____

Date Town Board Approved: _____ Date Issued: _____ Operator's License Number: _____