



317 S. MAIN ST.  
JEFFERSON, WISCONSIN 53549  
674-7700



# OPERATOR'S LICENSE APPLICATION

To serve fermented malt beverages and intoxicating liquors

License Effective through June 30,  2017  2018 Previous License # \_\_\_\_\_ Provisional  \_\_\_\_\_  
Renewal?

NAME OF APPLICANT: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

ADDRESS OF APPLICANT: \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SSN \_\_\_ - \_\_\_ - \_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_ - \_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (Used For Contact Purposes Only)

**LIST THE LAST THREE PLACES YOU HAVE RESIDED WITHIN THE LAST FIVE YEARS AND FOR HOW LONG**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

NAME OF PRESENT FULL-TIME EMPLOYER OR IF NOT PRESENTLY EMPLOYED, NAME OF LAST EMPLOYER AND DATE OF EMPLOYMENT

Name of Employer	City	State	Dates of Employment
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Where Do You Intend To Use This License?  
\_\_\_\_\_

Have you ever been convicted of violating any criminal statute?  YES  NO  
Have you ever been convicted of violating any license law or ordinance regulating the sale of beverage or intoxicating liquors?  YES  NO

*If you answered "YES" to any of the above questions, please give a complete explanation.*

The undersigned, upon penalty of perjury, declares the foregoing application to be complete and accurate. Furthermore, I hereby empower the City of Jefferson and any of its agents to obtain information pertaining to me and do hereby release any agency, business, or individual from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I hereby agree to comply with all federal, state, and municipal laws, resolutions, ordinances and regulations affecting the sale of such beverage and liquors if the license privilege should be granted to me.

**APPLICATIONS WILL BE KEPT ON FILE FOR SIX MONTHS!**

**IF LICENSE IS NOT ISSUED WITHIN SIX MONTHS, YOU WILL BE REQUIRED TO REAPPLY!**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

PAID:  Cash  Check \_\_\_\_\_ License Type:  New \$32/\$42 License Period:  One Year  
 Renewal \$25/\$35  Two Year

Regulatory Committee Date: \_\_\_\_\_  Bartender Awareness Certificate  
Comment: \_\_\_\_\_ Initials: \_\_\_\_\_