

TOWN OF IXONIA

P.O. Box 109, Ixonia, WI 53036 Phone: (920) 261-1588 Fax: (920) 261-8988

www.townofixonia.com

Application for an Alcohol Beverage Operator's License

To Serve Fermented Malt Beverages and Intoxicating Liquors

New Renewal Ixonia, WI _____,
20__

I, the undersigned, make application to the Town of Ixonia, Jefferson County, Wisconsin for a license to serve, from date hereof to **June 30, 20__**, 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 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 to me.

I certify that I am ____ years of age. Date of Birth ____/____/____
X_____

Signature of Applicant

Legal Name: _____ Phone: _____

Complete Address: _____

Business or Location where License will be used: _____

As required by Wis. Stats. Section 125.17(6), have you completed a Responsible Beverage Server Training Course?

Yes No If yes, where and when?

(A copy of the certificate indicating course completion must be attached to this application unless applicant is renewing an active Operator's License with the Town of Ixonia.)

Have you been fined/arrested for and/or convicted of violating any law of the State of Wisconsin or of the United States (ludic traffic violations)? Yes No (If yes, please list below.)

Date: _____ County: _____ Nature of Offense: _____

Date: _____ County: _____ Nature of Offense: _____

Have you been convicted of violating any license law or Ordinance regulating the sale of Fermented Malt Be rages Intoxicating Liquors? Yes No Nature of Offense: _____

I, _____, being first duly sworn on oath says that I am the person who made and

(Applicant Name)

signed the foregoing application for an operator's license; that all the statements made by me on the foregoing

application are true.

X _____
Signature of Applicant

Subscribed and sworn to me this _____
day of _____, 20 _____

Fee: \$25.00 Date paid: _____

Mail License Pick up License:

Notary Public, _____ County, WI

Expires: _____

My Commission