

## Application for an Operator's License

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Milton, County of Buffalo, Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending June 30, 20\_\_\_. Enclosed is the license fee of **\$10.00**

I certify that I am \_\_\_\_\_ years of age. My date of birth is \_\_\_\_-\_\_\_\_-\_\_\_\_. I am familiar with the laws, ordinances and regulations. I hereby agree if granted said license, to obey all provisions of said laws. I have not been convicted of a felony and have not been classified as a "habitual law offender."

### Check one of the following boxes:

I am a new applicant and have successfully completed an approved beverage server training course and have attached verification thereof.

I have held an operator's license in a municipality previously.

Name of Municipality: \_\_\_\_\_ Date License Expired: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Town of*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Milton*

Employing Agency \_\_\_\_\_

- - - - -

## Application for an Operator's License

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Milton, County of Buffalo, Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending June 30, 20\_\_\_. Enclosed is the license fee of **\$10.00**.

I certify that I am \_\_\_\_\_ years of age. My date of birth is \_\_\_\_-\_\_\_\_-\_\_\_\_. I am familiar with the laws, ordinances and regulations. I hereby agree if granted said license, to obey all provisions of said laws. I have not been convicted of a felony and have not been classified as a "habitual law offender."

### Check one of the following boxes:

I am a new applicant and have successfully completed an approved beverage server training course and have attached verification thereof.

I have held an operator's license in a municipality previously.

Name of Municipality: \_\_\_\_\_ Date License Expired: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Town of*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Milton*

Employing Agency \_\_\_\_\_