

**TOWN OF RUSSELL  
APPLICATION FOR OPERATOR'S LICENSE**

I, the undersigned, do hereby make application to the Town of Russell Board, in the Town of Russell, in Sheboygan County, for an Operator's License as provided by Section 125.17 of WI State Statutes, to serve alcoholic beverages in a place licensed in the Town of Russell for the sale of alcoholic beverages. I agree that I will comply with all laws, resolutions, ordinances and regulations- State, Federal, and local affecting the sale of alcoholic beverages, if a license is granted to me, for the year ending June 30, \_\_\_\_.

I certify that I was born on (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_, and am a person 18 years of age or older and I **have successfully completed a Responsible Beverage Server training course (attach proof of course completion if not submitted previously).**

**Fee of \$15 per year—Payable to Town of Russell. Submit with Application**

<p><b>Please print:</b> Name (include middle initial) _____</p> <p>Social Security Number: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Have you been convicted of violating any license law or ordinance regulating the sale of alcoholic beverages? _____</p> <p>Have you ever been convicted of a felony, OWI, or any alcohol or drug offenses? _____</p> <p>If yes, please be specific: _____</p> <p>Check one: _____ New Application      _____ Renewal</p> <p>I confirm that I have answered the above questions correctly and failure to do so will result in the refusal of an operator's license for the Town of Russell.</p> <p>Date this _____ day of _____, 20____</p> <p>Signature: _____</p> <p>Background checks will be performed for all applicants...both new and renewals.</p>
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<p>Name of Establishment were License will be used: _____</p> <p>Signature of Employer or Representative: _____</p>
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<b>Office Use only</b>		
Date Received: _____	Amount Received: _____	From: _____
Board Approved date: _____	License No. Granted: _____	
Reason for not granting License:		