Village of Coleman, P.O. Box 52, 202 E. Main Street, Coleman, Wisconsin 54112 www.villageofcoleman.com, (920) 897-2234, Fax (920) 897-4244

## APPLICATION FOR OPERATOR'S LICENSE

Pate sent for appro	oval by Village Board	Date Approved  Date of Approva	License # (New/Renewal)	License # (Pro	
<b>.</b>					
	Applicant's Signature _	<u> </u>	Date	9:	
further certify that	the statements in the fore	going application subscribed b	y me are true and correct to th	e best of my knowledge.	
to serve, from date he Section 125.32(2) and esolutions, ordinance	ereof to June 30, 20, inclu I 125.68 (2) of the Wisconsin es and regulations, Federal, S	sive (unless sooner revoked), Fern In Statutes and all acts amendatory State or Local, affecting the sale o	body of the Village of Coleman, mented Malt Beverages and Intox thereof and supplementary there if such beverages and liquors if a	icating Liquors, subject to the to and hereby agree to compl license be granted to me.	limitations imposed b
<u>Date</u>	Nature of Offense		Location: City, County and State		
f so, state date, na	ture of offense and location	on:			
Have you been arre	ested for any other offense	es? 🗆 No 🗀 Y	/es		
Date	Nature of Offerise		Loi	sation: Oity, County and	State
If so, state date, nature of offense and location:  Date Nature of Offense Location: City, County and State				State	
-	n convicted of a felony?	□ No □	Yes	•	
	• i am yea	. •	a agree was and obey all p	TOTIONO BIOLEGI.	
	<ul><li>(copy of enrollment</li><li>I am familiar with</li></ul>	receipt is required). all laws, resolutions, ordinand	ces and regulation, Federal, Se, do agree with and obey all p	State and Local, pertaining	_
I certify that:	Village of Coleman	, proof is required), have com	's license within the past two pleted the "Responsible Beve quired) or enrolled in the "Re	rage Server's Training Co	urse", as required b
NAME OF ESTABLISHMENT				ESTABLISHMENT PHONE#	
DAYTIME PHONE			E-MAIL		
HOME ADDRESS			CITY	STATE	ZIP
DATE OF BIRTH			DRIVERS LICENSE NUMBE	R OR SOCIAL SECURITY	NUMBER
	LL NAME (Please Print)	(Last Name, First Name, Mic	ddle)		
to contract to		Alte			