

**Town of Delavan**  
**Application for Operator's/Provisional License**  
**To Serve Malt Beverage and Intoxicating Liquors**

I, the undersigned, do hereby respectfully make application to the Town of Delavan, Walworth County, Wisconsin, for a license to serve from the date hereof to **June 30, 2017**, inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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, and ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

**ANSWER THE FOLLOWING QUESTIONS FULL AND COMPLETELY:**

Name of Applicant: \_\_\_\_\_  
First Middle Initial Last

Maiden Name: \_\_\_\_\_ Nickname if any: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been convicted of any felony or of violating any law or the State of Wisconsin or of the United States:  
 Yes \_\_\_\_\_ No \_\_\_\_\_ **FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DENIAL**

Date(s) of such Conviction(s): \_\_\_\_\_ Court: \_\_\_\_\_

Nature of Offense(s): \_\_\_\_\_  
 Have you been convicted of violating any license law or ordinances regarding the sale of fermented malt beverages or intoxicating liquors  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Nature of violation: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Licensed applied for which establishment: \_\_\_\_\_  
 \_\_\_\_\_  
 X \_\_\_\_\_  
 Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public, Walworth County, Wisconsin

My Commission Expires: \_\_\_\_\_

**FEES:**

2015			
July	\$ 72.00	October	\$ 66.00
August	\$ 70.00	November	\$ 64.00
September	\$ 68.00	December	\$ 62.00

2016			
January	\$ 60.00	April	\$ 54.00
February	\$ 58.00	May	\$ 52.00
March	\$ 56.00	June	\$ 50.00

**FOR OFFICE USE ONLY**

NEW _____	RENEWAL _____	PROVISIONAL _____	SCHOOLING _____
POLICE/CCAP CHECK _____	PAID _____	DATE _____	
DATE APPROVED _____	DATE DENIED _____	License # _____	Provision # _____
REASON FOR DENIAL: _____			
Supervisor Signature _____			
Supervisor Signature _____			

If you need t take the DOR Server Class please visit the following link to find several classes that are available:  
<http://www.revenue.wi.gov/training/index.html>