

TOWN OF LUDINGTON

Operator's (Bartender's) License Application

1. Social Security Number _____
2. Name _____
3. Address _____
4. Date of Birth _____ 5. Phone Number _____
6. Where will you be working? _____
7. Have you been issued an operator license with Town of Ludington in the past? Yes No
If so, when? _____
8. Have you completed the Bartenders Training class? Yes No If Yes, please attach certificate
(Note: If you have not worked as a Bartender/Operator within the past 2 years, you need to complete this course)
9. Have you been convicted of violating any criminal law? Yes No
10. Have you been convicted of violating any license or ordinance regulating the sale of alcohol beverages? Yes No
11. If you answered YES to number 9 or 10, complete the questions below (if more space is needed, use back of form).

Date of conviction(s) _____

Name of Court(s) _____

Nature of Offense(s) _____

Applicant's Statement

I hereby certify that the answers on the above application are complete, true and correct to the best of my knowledge and belief. I agree in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin as well of those of the United State of America and with all the provisions of the ordinances of the Town of Ludington.

Applicant's Signature

Date

To Be Completed by Clerk:

Date Rec'd by Clerk:	Date reported to Board:	Date license Granted:
License Number Issued:	Date License Issued:	Signature of Clerk: