



VILAS COUNTY  
10675 Big Arbor Vitae Drive  
Arbor Vitae, WI 54568  
(715) 356-3120 • FAX (715) 356-1071  
*[www.townofarborvitae.org](http://www.townofarborvitae.org)*

### Town of Arbor Vitae Operator License Information

When filling out the application answer all questions completely and truthfully and sign it under oath before the clerk or deputy clerk.

A background check will be done on every applicant.

You must be atleast 18 years of age.

A municipality may not issue an operator's license unless the applicant has completed a responsible beverage server training course. Applicants are exempted from the training course requirement if:

1. They are renewing an existing operator's license
2. Have completed the training course within the last two years
3. Have held a retail license, manager's or operator's license anywhere in the State within the last two years. State Statute 125.17(6)

Subject to Wisconsin's Fair Employment Law, ch. 111, Stats., the applicant may not have been convicted of a felony or be a "habitual law offender". The Arbor Vitae Town Board has set a policy not to approve an application for anyone who has 2 or more OWI's within a 5-year time period.

The fee is \$25.00 and the license is a one-year license that expires on June 30<sup>th</sup>.

# APPLICATION FOR AN "OPERATOR'S" LICENSE

## To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Arbor Vitae, County of Vilas, Wisconsin** for a License to serve, from date hereof to June 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations 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, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am \_\_\_\_\_ years of age. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

X \_\_\_\_\_  
Signature of Applicant

### Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_ Is application new or a renewal \_\_\_\_\_

New applicants must attach a copy of their completed alcohol awareness course.

Address of Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ Establishment \_\_\_\_\_

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_ If so where? \_\_\_\_\_

Have you been convicted of any felony? \_\_\_\_\_

Date of such conviction \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you violated any law of the State of Wisconsin **or** of the United States? \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors within the past 10 years? \_\_\_\_\_

Where \_\_\_\_\_ Date \_\_\_\_\_ Nature of Violation \_\_\_\_\_

Print Name: \_\_\_\_\_, swears that he/she is the person who made and signed the foregoing application for an operator's license and that all the statements made by the applicant are true.

X \_\_\_\_\_  
Signature of Applicant