

**2023-2024 APPLICATION FOR OPERATOR’S/BARTENDERS LICENSE  
SECTION 7-2-30 MUNICIPAL CODE – CITY OF PLYMOUTH, WI**

DATE \_\_\_\_\_

\$27.00 FEE

RECEIPT NO. \_\_\_\_\_

**TO THE COMMON COUNCIL OF THE CITY OF PLYMOUTH:**

I hereby apply 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.

<b>Last Name (Maiden Name)</b>	<b>First Name</b>	<b>Middle Int.</b>	<b>Phone No.</b>		<b>Date of Birth</b>	
<b>Street Address</b>			<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Prior Address</b>			<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Place of Employment as an Operator (Required!)</b>				<b>Race</b>	<b>Male</b>	<b>Female</b>

Have you ever been convicted of any felony or any other offense?  No  Yes

If so, state date, nature of offense and location: (If additional space is needed please use a separate sheet of paper)

Date Nature of offense Location

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of violating any license law or ordinance regulating the sale of intoxicating liquors?  No  Yes

If so, state date, nature of offense and location: (If additional space is needed please use a separate sheet of paper)

Date Nature of offense Location

\_\_\_\_\_  
\_\_\_\_\_

Do you presently hold a City of Plymouth operator’s license?  No  Yes

If “no” did you at one time hold such license?  No  Yes Year \_\_\_\_\_

Mail this license to: \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

.....  
FOR OFFICE USE ONLY

Pursuant to ordinance the undersigned recommends that an operator’s license be granted to the above applicant.

Chief of Police \_\_\_\_\_ Date: \_\_\_\_\_

Unlisted Offense \_\_\_\_\_

City Clerk \_\_\_\_\_ Date: \_\_\_\_\_ License # \_\_\_\_\_