



P.O. Box 146
 Park Falls, WI 54552
 Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

OPERATOR'S LICENSE APPLICATION

Date: _____

License # issued 2025-_____

Applicant is NEW _____ (background check is required with extra fee of \$10)

Applicant is renewing _____ (background check is not mandatory)

To the Common Council of the City of Park Falls, Price County, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 2025 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. I am familiar with and agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local, affecting the sale of such fermented malt beverages and liquors if a license is granted to me.

_____ Phone # _____
 Last name first name middle initial

_____ City State Zip code
 Street address

email: _____

_____ Driver's license # and Exp. Date Verified
 Date of birth

_____ date issued Verified
 Certificate of completion number

_____ Employing Agency/Organization

I (name of applicant) _____ certify that I am _____ years of age and HAVE NOT been convicted of a felony offense. I have NOT been convicted of violating any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors. (If you have been convicted, you are not able to obtain an operator's license.)

I acknowledge the above information and statement is true.

X _____
 Signature of applicant

1 year NEW fee is \$25 (background check is mandatory)

2 year NEW fee is \$35 (background check is mandatory)

1 year renewal fee is \$15.00

2 year renewal fee is \$25

Application is approved _____

For NEW applications, include a copy of your Driver's license and certificate with this application.

cash check# Billed to _____

date: _____