TOWN OF MARSHFIELD, FOND DU LAC COUNTY
TEMPORARY BARTENDER LICENSE APPLICATION

Legal Name:

First Name Middle Initial Last Name Suffix (Jr. Sr., etc.)

List any other names by which you have been known on official records:

Address:

City State Zip Code

Home Phone Number Date of Birth (Mo/Date/Year)

( ) -

Name of non-profit organization for which this license will be used:

Address of licensed location at which you expect to work if issued a temporary Bartender's license:

Name and date(s) of event:

The undersigned agrees to inform the Clerk within ten days of any substantial changes in the information supplied in this application.

I hereby state that I am an employee of, or donating my services to, the above nonprofit organization.

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Signature of Applicant