

APPLICATION FOR "OPERATOR'S LICENSE
(To Serve Fermented Malt Beverage and Intoxicating Liquor)

Fee: \$20.00

Receipt # _____

License # _____

Expires: _____

New _____ Renew _____ Regular _____ Provisional _____ Temporary _____

TO THE BOARD OF TRUSTEES, VILLAGE OF REDGRANITE, WISCONSIN, I hereby apply for a license to serve, from date hereof to June 30, _____ inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17(1)(4)(5), 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts mandatory thereof and supplementary thereto, and hereby agree to comply with the 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 certified that the following completed statements are true and correct:

Answer the following questions fully and completely: (Please Print)

Name of Applicant: _____ Male _____ Female _____

Address: _____ City, State, Zip: _____

Date of Birth: _____ Driver License #: _____

Telephone Number: _____ Social Security #: _____

List dates and places of residence, if different from above, for the past five (5) years:

1. _____ 2. _____

Do you have an Operator's License dated within the past two (2) years of the date of this Application?
____ Yes ____ No **If yes, attach a copy.**

Do you have a Bartender's Course Certificate dated within the past two (2) years of the date of this Application?
____ Yes ____ No **If yes, attach a copy.**

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States (including traffic violations)? No _____ Yes _____ If Yes, complete the next two (2) lines (use the back of this page if needed)
NOTE: If you fail to list convictions, felonies or violations of laws, it is automatic grounds for denial of the license.

Date of Conviction: _____ Name of Court: _____

Nature of Offense: _____

Name of Employer for which license is intended: _____

Employer's Phone Number: _____

Signature of Applicant Date of Application: _____

For Office Use Only

Date Application accepted and by: _____

Background Check completed - Date and By: _____

Reviewed by Chief of Police: _____

Date approved by the Village Board: _____