

**APPLICATION FOR OPERATOR'S LICENSE TO SERVE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY

Date: _____ New License Renewal License Provisional License

TO BE ISSUED: as soon as approved by Council **OR** at the beginning of the next license year (July 1)

License Fee: \$25 New \$25 Renewal License is good for one (1) year. License period runs from July 1 through June 30. No proration for partial year. Provisional licenses are an additional \$15. \$10 late fee for renewals received after July 1

Place of employment or where license will be used at: _____

Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	City:	State:	Zip:
Telephone Number:	Email Address:	Date of Birth:	Maiden Name:
Social Security Number:	Driver's License Number and State:	US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all residences for the past 10 years. If more room is needed please attach a separate sheet.

Check One:

- I have successfully completed a Wisconsin-approved beverage server training course within the past two years. Please attach certificate.
- I have held an operator's, alcohol, or manager's license within the last two (2) years (if in municipality other than the Village of Taylor please attach copy of license).

Do you have a pending arrest or have you been convicted of any alcohol beverage related offenses including any of the following, as a juvenile or an adult?

Illegal purchase, sale or providing intoxicating liquor or beer?	Yes	No
Violation of closing hours at a licensed premise?	Yes	No
Any other violation of laws pertaining to alcohol beverages?	Yes	No
Disorderly conduct or criminal damage to property that occurred at a licensed establishment?	Yes	No
Obstructing a police officer while on the licensed premises for the sale of alcohol beverages?	Yes	No

Please complete reverse side

Do you have a pending arrest or have you been convicted, as a juvenile or adult, of:

Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration? **Yes** **No**

Operating a motor vehicle while under age 21 with a blood alcohol of more than .0% but not more than .08%? **Yes** **No**

Having alcohol beverages in your possession in a motor vehicle as a driver or passenger? **Yes** **No**

Have you ever been convicted of a felony? **Yes** **No**

Do you have any criminal or ordinance charges presently pending against you? **Yes** **No**

Do you presently have any overdue or outstanding forfeitures resulting from a violation of any County, City, Village, or Town ordinance? **Yes** **No**

If you answered yes to any of the above questions, please list the charge(s), location of arresting agency, date of conviction and penalty. If more room is needed please attach a separate sheet.

TO THE VILLAGE OF TAYLOR BOARD OF TRUSTEES TAYLOR, WISCONSIN:

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapter 125 of the Wisconsin State 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 is granted to me. I authorize the investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to Village staff and the Village of Taylor Board of Trustees.

I certify that I am the person who made and signed the foregoing application for an operator's license and that all statements made herein are true and correct.

Applicant's Signature

Date

VILLAGE OF TAYLOR USE ONLY

Date Paid: _____ Cash Check License No. _____

License good from _____ to _____

Village President/Clerk/Deputy

Date