

OPERATOR LICENSE APPLICATION

Renewing an existing Village of Allouez operator's license Yes _____ No _____

If answer is Yes, proof is needed of the existing license.

If answer if No, proof is needed that applicant has completed the training course within the last two years, or has held a retail license, manager's or operator's license anywhere in the state within the last two years.

TO THE VILLAGE BOARD OF THE VILLAGE OF ALLOUEZ, COUNTY OF BROWN, STATE OF WISCONSIN

I hereby apply for a license to serve, from date hereof to June 30, 20____, inclusive (unless otherwise revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) Wis. Stats 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. I certify that I am 18 years of age, a citizen of the United States and a resident of the State of Wisconsin for at least a year.

NAME (PLEASE PRINT) _____
First
Middle Initial
Last

ADDRESS _____
Street
City
State
Zip

PHONE # () _____ DATE OF BIRTH _____
Employed By: _____

Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

_____ If yes, state the date of such conviction, the name and location of the Court in which the conviction took place and the nature of the offense:

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

- _____ \$40 (2 year) Application Fee
- _____ Copy of Photo ID
- _____ Copy of an existing license held or training course completed within the last two years
- _____ Record Check