

# TOWN OF MINOCQUA - APPLICATION FOR OPERATOR'S LICENSE

## To Serve Fermented Malt Beverages and Intoxicating Liquors

### FEES ARE NON-REFUNDABLE

Operator's - Regular (\$25.00)       Operator's - Two Year (\$35.00)       Operator's - Temporary (\$5.00)

This is a (check one):    \_\_\_ New License    \_\_\_ Renewal License

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Minocqua, County of Oneida, Wisconsin for a licensure to serve, from date hereof to June 30, 20\_\_\_\_, 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, 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.

### Answer the following questions fully and completely:

Full Name of Applicant: \_\_\_\_\_ Sex: Male / Female

Address of Applicant: \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Driver License Number & State: \_\_\_\_\_

How long have you continuously resided in Wisconsin? \_\_\_\_\_

Place of employment (where Operator's License will be used): \_\_\_\_\_

If a renewal: If you have held a liquor license or operator's license within the past two years, where was the privilege obtained?

City / Village / Town of: \_\_\_\_\_

Have you completed the Alcohol Awareness Program? YES / NO    Date course was completed: \_\_\_\_\_

Location where course was completed: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony in the past 5 years? (circle one) YES / NO

If yes, please explain nature of offense(s): \_\_\_\_\_  
Where? (City, State) \_\_\_\_\_

Are there any pending criminal charges against you? (circle one) YES / NO

If yes, please explain the charge(s): \_\_\_\_\_  
Where? (City, State) \_\_\_\_\_

Have you been convicted of any drug or alcohol related offenses in the last 5 years, including forfeiture or ordinance violations for drug or alcohol offenses ? (circle one) YES / NO

If yes, please explain nature of offense(s): \_\_\_\_\_  
Where? (City, State) \_\_\_\_\_

Are there any pending drug or alcohol related charges against you, including forfeiture or ordinance violations for drug or alcohol offenses ? (circle one) YES / NO

If yes, please explain nature of charge(s): \_\_\_\_\_  
Where? (City, State) \_\_\_\_\_

**ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF THE OPERATOR'S LICENSE.**

*The undersigned affirms that he/she provided complete and correct answers to each question and understands that his/her past record will become a part of this Application. The undersigned further understands that he/she is subject to a driver license check, a local police records check and a criminal history background check by the Town of Minocqua and herewith gives permission to make his/her juvenile records available for this application.*

I certify that I am \_\_\_\_\_ years of age. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Police Department Review: \_\_\_\_\_ Recommendation: \_\_\_\_\_ Approval \_\_\_\_\_ Denial

License No. Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_