

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? YES NO

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

Are there any pending criminal charges against you? 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? 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? 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: _____