



# Application for Operator's License

to Serve Fermented Malt Beverages and Intoxicating Liquors

Date Rec'd _____
Recp# _____
Date Apprv'd _____
Lic# _____

**PLEASE PRINT CLEARLY**

NAME (First - Middle - Last) \_\_\_\_\_ Circle: Male / Female

OTHER NAMES (maiden or nicknames) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ PHONE (best # to reach you) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Apt. No. City State Zip

(2-Year License) \_\_\_ New \_\_\_ Renewal - \$50

(1-Year License) \_\_\_ New \_\_\_ Renewal - \$35

(Provisional License) \_\_\_ - \$15

Temporary (non-profit) - \$10 \_\_\_\_\_ Dates of Event for Temporary License

Attach proof of Responsible Beverage Service Course completion **OR** Proof of a valid operator license in Wisconsin **within the last two years:** Current License #: \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:**

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or rejection of the application.

1. Have you EVER BEEN CONVICTED of violating ANY laws or ordinances that regulate alcoholic beverages? (You are not required to divulge the specifics of the violation below if the conviction resulted from a violation committed when you were under the age of 18). Yes \_\_\_ No \_\_\_

**CERTIFICATION AND INFORMATION RELEASE**

My signature certifies that all my responses are true to the best of my knowledge. I also authorize the Village of Howards Grove Clerk's Office to obtain criminal history and driver record data pertaining to me from any federal, state, and/or local agency deemed necessary by the office. I consent to the use and disclosure by the Village of Howards Grove, its elected officials, its employees, and its agents of all information obtained in said investigation relative to my fitness to be a licensed operator in the Village of Howards Grove. I waive all rights to privacy or privilege that I may have in the use of the material and information obtained from said investigation. I release and hold harmless the Village of Howards Grove, its elected officials, its employees and its agents from any and all manner of action or causes of action, judgements, executions, debts, claims and demands which I may have or my heirs or assigns may have, I agree to comply with the laws of the State of Wisconsin and with all the provisions of the Howards Grove Code of Ordinances.

SIGNATURE OF APPLICANT: \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY (R 1-13):**

Date Background Check Received \_\_\_\_\_

VILLAGE BOARD: Date Approved \_\_\_\_\_

Reasons for Denial \_\_\_\_\_

VILLAGE BOARD: Date Denied \_\_\_\_\_