Application for an Alcohol Beverage Operator's License

To Serve Fermented Malt Beverages and Intoxicating Liquors

☐ New ☐ Renewal McFarland, WI _____, 20_____

Fee Paid: ☐ $35.00 (1 yr) ☐ $50.00 (1 yr plus Provisional @ $15.00) ☐ Cash ☐ Check # _____

Name of employer for which license is intended: _____

I, the undersigned, make application to the Village Board of the Village of McFarland, County of Dane, Wisconsin for a License 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; Chapter 11, Article II of the McFarland Municipal Code, and all acts amendatory thereof and supplementary thereto, and herby 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.

(PLEASE PRINT LEGIBLY)

Name of Applicant: _____ Home Phone: _____

First Middle Last

Work Phone: _____

Complete Address: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Soc. Sec. # _____ D.L. # _____

****This application must be completed in its entirety or it will be returned as incomplete and you will be required to complete a new application at an additional fee of $35.00. ****

1. As required by Wis. Stats. Section 125.17(6), have you completed a Responsible Beverage Server Training Course?
☐ yes ☐ no

If so, where and when? _____

(A copy of the certificate indicating course completion must be attached to this application unless applicant is renewing an active Operator's License.)

2. Have you held an Operator's License within the last 2 years? ☐ yes ☐ no

(If not in McFarland, attach a copy of the license or a letter from the Clerk of the municipality)

3. **Have you ever been fined/arrested for and/or convicted of violating ANY LAW of the State of Wisconsin or of the United States (INCLUDING TRAFFIC VIOLATIONS)?** ☐ yes ☐ no

(The following websites provide information on your records: www.dot.gov/drivers/points/abstract.htm www.wi-recordscheck.org www.wcca.wicourts.gov)

Date of Arrest	Date of Conviction (if applicable)	Name of Court	Nature of Offense

Please continue by completing reverse side of this form. **OVER >**

4. Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? ☐ Yes ☐ No

   If yes, provide the place and date _____

5. Have you been hospitalized or treated in the last five years for drug abuse or alcoholism? ☐ Yes ☐ No

   If yes, explain and give dates. _____

   _____

6. Are you a citizen of the United States? ☐ Yes ☐ No

7. Since when have you been a resident of the State of Wisconsin? _____

8. List addresses and dates of residency for the past 5 years. _____

   _____ _____

I understand that the fee is not refundable should this application be denied.

STATE OF WISCONSIN)
) SS
)

_____, being first duly sworn on oath says that (s)he is the Person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant in the foregoing application are true.

X _____
(Applicant sign here)

Subscribed and sworn to before me this _____
day of _____, 20_____

_____
Notary Public, _____ County, Wisconsin
My commission ☐ is permanent
Expires _____

Recommendation by McFarland Police Department:

☐ Approval ☐ Denial Date _____

_____
Chief of Police