



Operator's License

To Serve Fermented Malt Beverages and Intoxicating Liquors

License Type:

- New - Renewal

To Be Issued:

- As soon as approved **OR** - At the beginning of the next license year (July 1)

Fees:

- 1 year License - \$35
- 1 year License + Provisional* - \$50
- Duplicate License - \$5/each – Number Requested: _____

*Provisional Licenses are only issued between May 1 and June 30 and cover a new applicant until the beginning of the new license year (July 1)

This application must be completed in its entirety or it will be rejected as incomplete. This application will also be rejected for any omissions. The fee is not refundable should this application be rejected or denied. For rejected applications should the applicant wish to reapply, the applicant will be required to complete a new application at an additional fee of \$35.00.

The Village of McFarland Operator License Approval Policy can be found on the Village website at <https://www.mcfarland.wi.us/licensepermits> under Alcohol Beverage Licenses for Operators.

Applicant Information			
Place of Employment:			
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		City, State and Zip Code:	
Date of Birth:	Social Security Number:		
Wisconsin Driver License/ID:	E-mail address:		
Home/Cell Phone Number:	Work Phone Number:		

Notification
Provide the e-mail address we should use for notification when the license is ready:

Prior Residences										
Within the past five years, have you lived at any address other than the one listed above? <input type="checkbox"/> yes <input type="checkbox"/> no										
If yes, please list all additional addresses. Attach additional pages, if necessary										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Address, including City and State</th> <th style="width: 50%; text-align: center;">Dates</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Address, including City and State	Dates								
Address, including City and State	Dates									

Questionnaire	Additional Information
1. Have you completed a WI-approved Responsible Beverage Server Course? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, when and where:
2. Have you held an Operator's License within the last 2 years? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, when and where:
3. Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, when and where:
4. Have you ever been convicted of a felony substantially related* to the licensed activity? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, please complete Appendix A
5. Have you been arrested for and/or convicted of violating any law or ordinance in the last 10 years substantially related* to the license activity? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, please complete Appendix A
6. Do you have any pending charges, including criminal and ordinance violations substantially related* to the license activity? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, please complete Appendix A

*Examples of "substantially related" might include, but are not limited to: underage drinking, OWI/DUI, selling to a minor, overserving, etc.

Required Documentation
<p>If the application is a renewal application, no additional documentation is required.</p> <p>If the application is a new application, one of the following must be provided:</p> <p><input type="checkbox"/> - A copy of the certificate indicating completion of a Wisconsin-approved Responsible Beverage Server Course, valid within the two years prior to the date of this application</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> - A copy of an Operator's license from a Wisconsin municipality, valid within the two years prior to the date of this application</p>

Certification		
<p>I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapter 125 of the Wisconsin Statutes, Chapter 11 of the McFarland Municipal Code 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 is granted to me.</p> <p>I certify that I am the applicant in the foregoing application and any attachments thereto, that I have read and made complete answers to each question, and that my answers in each instance are true and correct.</p> <table border="1" data-bbox="107 1570 1539 1663"> <tr> <td data-bbox="107 1570 1096 1663">Signature of Applicant:</td> <td data-bbox="1096 1570 1539 1663">Date:</td> </tr> </table>	Signature of Applicant:	Date:
Signature of Applicant:	Date:	

FOR OFFICE USE ONLY	
RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT	
<input type="checkbox"/> - Approved <input type="checkbox"/> - Denied <input type="checkbox"/> - Rejected – Incomplete Application	
Signature of Police Chief:	Date:



Operator's License – Appendix A

Arrest and Conviction Record

Appendix A only needs to be completed if an applicant answered "Yes" to questions 4, 5, and/or 6 on the Operator's License Application.

Any omissions from this Appendix will result in the rejection of the Operator's License Application. The fee is not refundable should this application be rejected. For rejected applications should the applicant wish to reapply, the applicant will be required to complete a new application at an additional fee of \$35.00.

The following websites, provided as a courtesy, may provide information on your records:

<https://recordcheck.doj.wi.gov/> <https://wcca.wicourts.gov/> <https://www.dmv.us.org>

Date of Arrest	Date of Conviction	Specific Offense	Name and Location of Court	Describe the nature and circumstances of the offense	Were you consuming alcohol or drugs at the time of the incident?	Did the incident occur in or around a facility that serves alcohol?	Were alcohol or drugs involved in the incident in any way?
					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
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					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
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					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
					<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

You may submit evidence of rehabilitation and fitness to perform the licensed activity.