

## APPLICATION FOR OPERATOR'S LICENSE

Request:	<input type="checkbox"/> Renewal (\$30.00)	<input type="checkbox"/> New (\$30.00)	<input type="checkbox"/> Provisional (\$15.00)	<input type="checkbox"/> Temporary (\$20.00)
<b>NOTE: A \$5.00 Investigative Fee must accompany the application</b>				

<b>APPLICANT'S FULL NAME (Please Print) (Last Name, First Name, Middle, Maiden)</b>				
<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>		<b>DRIVERS LICENSE NUMBER</b>	
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>DAYTIME PHONE</b>		<b>E-MAIL</b>		
<b>NAME OF ESTABLISHMENT</b>			<b>ESTABLISHMENT PHONE</b>	

I certify that:

- I have held an operator's, premises or manager's license within the past two years (if in another municipality other than the Village of Mukwonago, proof is required), have completed the "Responsible Beverage Server's Training Course" (certificate is required) or enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.
- I am a citizen of the United States.
- I have been a resident of the State of Wisconsin continuously since \_\_\_\_\_.
- I have been a resident of the (Village / City / Town) of \_\_\_\_\_ since \_\_\_\_\_.
- I am \_\_\_\_\_ years of age.

Have you ever been convicted of a felony?       No                       Yes

If so, state date, nature of offense and location:

**Date**                      **Nature of Offense**    **Location: City, County and State**

---



---

Have you been arrested for any other offenses?       No                       Yes

If so, state date, nature of offense and location:

**Date**                      **Nature of Offense**    **Location: City, County and State**

---



---

I do hereby make application for an operator's license from the date hereof to June 30, 20\_\_\_, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes and Chapter 6 of the Mukwonago Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_.

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

Applicant's Signature \_\_\_\_\_

County \_\_\_\_\_

Commission Expires \_\_\_\_\_

<b>Receipt #</b>	<b>License # (New/Renewal)</b>	<b>License # (Provisional)</b>	<b>License # (Temporary)</b>
<b>Disposition of Investigative Check</b>			