

APPLICATION FOR OPERATOR'S LICENSE

Request:	<input type="checkbox"/> Renewal (\$33.00)	<input type="checkbox"/> New (\$33.00)	<input type="checkbox"/> Provisional (\$15.00)	<input type="checkbox"/> Temporary (\$20.00)
NOTE: A \$7.00 Investigative Fee must accompany the application				

LAST NAME	FIRST NAME	M	DATE OF BIRTH	
DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE	
HOME ADDRESS	CITY		STATE	ZIP
DAYTIME PHONE (Include Area Code)		E-MAIL		
PLACE OF EMPLOYMENT		EMPLOYER PHONE (Include Area Code)		

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.

Have you ever been convicted of a felony? No Yes

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

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>

Have you been arrested or cited for any other offenses? No Yes

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

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>

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 _____

FOR OFFICE USE ONLY			
Receipt #	License # (New/Renewal)	License # (Provisional)	License # (Temporary)
Disposition of Investigative Check			