

# TOWN OF BROOKLYN, GREEN COUNTY WI LICENSE APPLICATION

Operator License - \$25 Operator Provisional - \$15 Non-refundable fees \_\_\_\_\_ New \_\_\_\_\_ Renewal

### Name of Applicant:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Personal and Contact Information:

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Driver's License # \_\_\_\_\_ (provide copy)

### History:

How long have you continuously resided in Wisconsin? \_\_\_\_\_

Previous address: \_\_\_\_\_

Have you completed beverage server training? yes \_\_\_\_\_ no \_\_\_\_\_ Date of completion \_\_\_\_\_ (if new, attach copy of certificate)

Place of employment as an operator/manager \_\_\_\_\_

How long have you been employed as an operator/manager? \_\_\_\_\_

During the past year, have you been cited, arrested, charged or convicted for any violation of any law related to alcohol or substance abuse? If so, give dates of citation, arrest and/or conviction, penalty imposed, name of court in which convicted and state disposition of charge, **if not state "NONE"**

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of operating a motor vehicle while intoxicated? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you been hospitalized or treated in the last two years for drug abuse or alcoholism? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain, Give Dates: \_\_\_\_\_

I hereby apply 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 limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin State Statutes 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 be granted to me.

The undersigned affirms that he/she made and signed the foregoing application for an operator's license and that he/she made complete and true answers to each question.

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

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### **Office Use Only**

\_\_\_\_\_ Applicant has no criminal arrest record \_\_\_\_\_ Files indicate the following criminal arrest record

Arresting Agency	Date	Charge	Disposition

\_\_\_\_\_  
Clerk Date License granted \_\_\_\_\_ Yes \_\_\_\_\_ No