Village of East Troy, 2015 Energy Drive, East Troy, Wisconsin 53120
www.easttroy-wi.com, (262) 642-6255, Fax (262) 642-6259

APPLICATION FOR OPERATOR'S LICENSE

Request: ❑ **New or Renew ($55.00)** **2 Year**	❑ **Provisional ($20.00)**	❑ **Temporary ($10.00)**
NOTE: Above charges include a $5.00 Investigative Fee		

APPLICANT'S FULL NAME (Please Print) (Last Name, First Name, Middle) (Maiden)				
DATE OF BIRTH	**DRIVER LICENSE NUMBER & ISSUING STATE**		**SOCIAL SECURITY NUMBER**	
HOME ADDRESS		**CITY**	**STATE**	**ZIP**
DAYTIME PHONE		**E-MAIL**		
NAME OF ESTABLISHMENT			**ESTABLISHMENT PHONE**	

I certify that:

- I have held an Operator's, Premises or Manager's license within the past two years (If in a municipality other than the Village of East Troy, proof is required), have completed the "Responsible Beverage Server's Training Course" within the past two years (Certificate required) or enrolled in a "Responsible Beverage Server's Training Course" (Copy of enrollment receipt is required).
- I am familiar with all laws, resolutions, ordinances and regulations, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and will 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 yes, 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 yes, state date, nature of offense and location:

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

_____

_____

I hereby make application for an Operator's License from the date hereof to June 30, 20____, inclusive, (unless revoked sooner) 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 WI Statutes and Title 7, Chapter 2 of the East Troy Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that all statements made above are true. I give the Village of East Troy permission to perform any necessary checks to verify the above statements. I understand if any false statements are made on this application it may be grounds for denial. I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license.

PLEASE ATTACH COPY OF DRIVER'S LICENSE

Date _____ **Applicant's Signature** _____

- For Office Use Only -

Date Paid **Amount Paid** $	**License No (New–Renew 2 Year)**	**License No. (Provisional)**	**License No. (Temporary)**
Disposition of Investigative Check: **Date:**		**Date Approved by Village Board:**	**Receipt to: 100-44120**