VILLAGE OF EAST TROY

APPLICATION FOR OPERATOR'S LICENSE

Request:	❑ **New or Renewal ($60.00)**	❑ **Provisional ($25.00)**	❑ **Temporary ($15.00)**
	2 Year		
NOTE: Above charges include a $10.00 Investigative Fee			

APPLICANT'S FULL NAME (Please Print) (Last Name, First Name, Middle) (Maiden)			
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 successfully completed a "Responsible Beverage Server's Training Course" (Copy of Completion Certificate 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 _____ years of age. Since the age of 18, I have resided in: (begin with the most recent, use back of form if needed.)

(list city/state) _____ from _____to _____

(list city/state) _____ from _____to _____

(list city/state) _____ from _____to _____

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 (use back of form if needed)**

_____

Have you been arrested or issued citations for any other offenses? ❑ **No** ❑ **Yes** If yes, state date, nature of offense and location:

Date **Nature of Offense** **Location: City, County and State (use back of form if needed)**

_____

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 Chapter 305 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. I understand that all fees are non-refundable. Information provided within this application may be submitted for Village Board consideration and becomes public record.

Date _____ **Applicant's Signature** _____

(MAIL OR PICK-UP)

PLEASE ATTACH COPY OF DRIVER'S LICENSE

- For Office Use Only -

Rev 3/2019

Date Paid	**Amount Paid**	**License No (New–Renew 2 Year)**	**License No. (Provisional)**	**License No. (Temporary)**
	$			

Disposition of Investigative Check:	**Date:**	**Date Approved by Clerk:**	**Receipt to: 100-44120**