



## ALCOHOL LICENSE APPLICATION

OPERATOR LICENSE - \$25.00     
  OPERATOR PROVISIONAL = \$15.00     
  OPERATOR TEMPORARY

NON-REFUNDABLE FEES:       NEW       RENEWAL

SS#:		DRIVER'S LICENSE #:	
LAST NAME:		FIRST NAME:	MIDDLE NAME:
HOME ADDRESS:		STATE:	ZIP CODE:
PHONE #:		BIRTH DATE:	BIRTH PLACE:
AGE:	SEX:	RACE:	HEIGHT:
WEIGHT:	HAIR:	EYES:	
HOW LONG HAVE YOU RESIDED IN WISCONSIN?		HAVE YOU COMPLETED BEVERAGE SERVER TRAINING?	
PLACE OF EMPLOYMENT AS AN OPERATOR/MANAGER?		HOW LONG HAVE 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 NO STATE "NONE." _____ _____			
DURING THE PAST THREE YEARS HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE WHILE INTOXICATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN: _____ _____			
HAVE YOU BEEN HOSPITALIZED OR TREATED IN THE LAST TWO YEARS FOR DRUG ABUSE OR ALCOHOLISM? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, EXPLAIN: _____ _____			
MENTAL OR EMOTIONAL PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, EXPLAIN: _____ _____			
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 125.63(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 LICENSE AND THAT HE/SHE MADE COMPLETE AND TRUE ANSWERS TO EACH QUESTION.			
APPLICANT'S SIGNATURE: _____		DATE: _____	
<b>OFFICE USE ONLY</b>			
_____ SUBJECT HAS NO CRIMINAL ARREST RECORD _____ FILES INDICATE THAT SUBJECT HAS THE FOLLOWING CRIMINAL ARREST RECORD			
ARRESTING AGENCY	DATE	CHARGE	DISPOSITION
DATE: _____		AUTHORIZED SIGNATURE: _____	

