

RENEWAL _____
NEW _____
PROV _____
TEMP _____

LICENSE #: _____
B.O.T. DATE: _____
MAIL LIC ON: _____
PICK UP LIC. ON: _____

**VILLAGE OF HALES CORNERS
OPERATOR'S LICENSE APPLICATION**

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even denial of the application. Paperwork must be submitted **15 days prior to all licenses being issued.**

Licenses will be mailed to applicant's address provided unless a request is made for pick up.

Submit the completed application along with the license fee to the **Village of Hales Corners, Attn: Licensing,**

5635 S New Berlin Rd, Hales Corners, WI 53130 - Phone (414) 529-6161

(PLEASE PRINT. REFUNDS WILL NOT BE ISSUED ONCE APPLICATION HAS BEEN SUBMITTED.)

Name of Applicant: _____
(First) (Middle) (Last) (Maiden Name)

Address: _____

City, State, Zip: _____

Name of Licensed Business Where Employed: _____

| Answer the Following Questions Completely | Yes | No/NA |
|--|-----|-------|
| 1. Have you been convicted of a felony within the last five (5) years, which substantially relates to the alcohol beverage licensing activity? (If yes, please explain below) | | |
| 2. Have you been arrested, convicted, fined, or have charges pending for any other violations and/or misdemeanors related to alcohol, controlled substances, resisting arrest/battery to a police officer/obstructing justice, disorderly conduct if in conjunction with activity at a licensed alcohol establishment within the last five (5) years? (If yes, please explain below. Stipulation/payment of fine for any offense is considered as a conviction). | | |
| 3. Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months? | | |

Enter applicable arrest and conviction information, including dates, here: _____

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information may be grounds for denial of my alcohol beverage license. I further understand that falsification of any information may be grounds for denial or revocation of this license. I am aware of the state and municipal laws governing the sale of alcohol beverages and agree to abide by those laws.

I understand that the Hales Corners Police Department will do a background check based on my application. I hereby authorize the release of any and all records requested by the Hales Corners Police Department in its investigation. I further understand that the Police Department will provide that information to the Village's Board of Trustees.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

(Applicant Signature)

(Clerk Signature)

(Date Received)

HALES CORNERS POLICE DEPARTMENT:

A background was requested verbally for this applicant on: _____

Please list offenses including dates and disposition: _____

There are no violations on record.

Police Chief or Designee Signature

(Date)

(OVER)

- Applicant held Operator's License in Wisconsin within the past two years (**Attach proof**)
License No. _____ if issued by the Village of Hales Corners
- Completed Training Course recognized by the Wisconsin Department of Revenue within the past two years
(**Attach certificate**)
- Valid Wisconsin Driver's License/ I.D. Card (**Attach copy**)

Driver's License #: _____ Expiration date: _____ Issuing State: _____

Date of Birth: _____ Sex: __Male__Female

Phone Number: _____ Email (optional): _____

Office Use Only:

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Regular License License No. _____ | Fee \$65.00 Expiration Date _____ |
| <input type="checkbox"/> | Provisional License License No. _____ | Fee \$15.00 Expiration Date _____ (60 Days) |
| <input type="checkbox"/> | Temporary License: Non-Profit License No. _____ | Fee \$10.00 Expiration Date _____ (1-14 Days) |
| | TOTAL DUE _____ | DATE PAID _____ |