

Village of Theresa
Operator License Application to Serve/Sell
Malt Beverages and Intoxicating Liquor

Date of Application: _____

License # _____

Date/Amount Paid: _____

Receipt Number _____

I, the undersigned, hereby apply, to the Village of Theresa, for a license to serve fermented malt beverages and intoxicating liquor, subject to the limitations imposed by WI Statutes 125.32(2) and 125.68(2) 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.

PRINT CLEARLY AND ANSWER ALL QUESTIONS

1. Is this a: _____ NEW LICENSE - OR _____ LICENSE RENEWAL

_____ One Year License (\$30.00)
\$ 7.00 fee for background check also due upon submission of application

2. Establishment under which you are applying for license: _____

3. NAME: Last _____ First _____ M.I. _____

Previous legal names: _____

Birth Date _____ Age _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____

Telephone Numbers: Home: _____ Cell: _____

WI Driver's License Number _____

If other state, where _____

4. Have you **EVER** been convicted of a felony? _____ NO _____ YES

If yes, please list conviction date, court of jurisdiction and type of violation.

5. Have you **EVER** been convicted of violating a state law or ordinance pertaining to use of illegal drugs?

_____ NO _____ YES

If yes, please list conviction date, court of jurisdiction and type of violation.

6. Have you **EVER** been convicted of a sex-related crime? _____ NO _____ YES

If yes, please list conviction date, court of jurisdiction and type of violation.

7. Have you **EVER** been convicted of any of the following alcohol related offenses?

Operating motor vehicle while intoxicated	_____ NO	_____ YES
Absolute sobriety (motor vehicle offense)	_____ NO	_____ YES
Serving alcoholic beverages after hours	_____ NO	_____ YES
Underage consumption/possession of alcoholic beverages	_____ NO	_____ YES
Sale or delivery of alcoholic beverages to a minor	_____ NO	_____ YES
Open intoxicants in a motor vehicle	_____ NO	_____ YES

If yes, please list conviction date, court of jurisdiction and type of violation.

8. As required by WI Statutes Section 125.17(6), have you completed the beverage server's course? _____. If yes, date of course: _____ (*copy of certification required*)

The below signed, says that he/she is the person who made the foregoing application for an operator's license and that ***all statement made by the applicant are true and correct*** and is the person who signs the application.

The applicant may be prosecuted for submitting false statements and affidavits in connection with this application, which may result in denial or revocation of this license.

AN INCOMPLETE OPERATOR'S LICENSE APPLICATION OR FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN THE DELAY OR DENIAL OF YOUR REQUEST FOR AN OPERATOR'S LICENSE

Signature of Applicant

Date

Responsible Beverage Service Courses Approved by the Department of Revenue:

<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>

The following are the **only exemptions from taking the responsible beverage server course:**

- 1) Person is renewing their operator's license (within a two-year period)
- 2) Held a retail license/permit or operator's license during the past 2 years.
- 3) Completed the beverage server's course in the past two years.

FOR OFFICE USE ONLY

Village Police Recommendation:

Approve _____ Deny _____

Signed

Date

Presented to Village Board on _____

Approved _____ Denied _____

License # _____

Issued by: _____