

APPLICATION FOR AN "OPERATOR'S" LICENSE
To Serve Fermented Malt Beverages and Intoxicating Liquors
STAR PRAIRIE, WI 54026

2026-2028

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Star Prairie, St. Croix County, Wisconsin for a license to serve at _____, from the date hereof to June 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin 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.

I certify that I am _____ years of age. Date of Birth ____/____/____ **X** _____
Signature of Applicant

Answer the following questions fully and completely:

Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

PHONE NUMBER _____ WI DRIVER'S LICENSE NUMBER _____

Is application NEW _____ or RENEWAL _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B", or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? CITY/TOWN/VILLAGE _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____
Name of School _____ (Please attach copy of Certificate)

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____

Date of such conviction _____ Name of Court _____
Nature of offense _____

Date of such conviction _____ Name of Court _____
Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____ Nature of violation _____

_____, hereby states and agrees that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X _____
Signature of Applicant

POLICE DEPT USE ONLY:

Police and criminal history has been verified (use back of form to list discrepancies with the above statements). St. Croix County Sheriff's Department recommends that this application be: APPROVED DENIED Clerk's Office _____ dated _____

FOR OFFICE USE ONLY:

At the _____, 20____ meeting of the local governing body of the Village of Star Prairie, St. Croix County, WI and after due consideration of this application, it was moved and carried to GRANT DENY a license upon payment of the fee therefore to the Treasurer.

LICENSE # _____ issued _____, 20____ ending _____, 20____.

_____, Clerk