

**Village of Footville**  
**Operator's Application for Liquor License**  
***Expires: 6/30/2024***

I hereby make application with the Village of Footville for an Operator's License as provided by Village Ordinance with amendments there to sell Fermented Malt Beverages and Intoxicating Liquors in the Village of Footville. Subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes. I 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 is granted to me.

**Name** \_\_\_\_\_  
*First Middle Last*

**Maiden Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Male** **Female**

*A copy of your Driver's License AND the following information is required to complete a criminal history and driving record check:*

**Date of Birth:** \_\_\_\_\_ **City & State of Birth:** \_\_\_\_\_ **US Citizen: Yes No**

**Driver's License No./State:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
*Number Street City State Zip*

**Previous Address** *(if less than 5 years):* \_\_\_\_\_

List any violations (tickets), convictions, arrests of any Local, State, or Federal Laws or Ordinances pending within the past five years. Please include approximate dates. (***on back of sheet***). Can go to [wcca.wicourts.gov](http://wcca.wicourts.gov) for this information.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my License upon demand, due to any false statements upon this application.

**Place of Employment:** \_\_\_\_\_ **Manager/Supervisor:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_ **Date:** \_\_\_\_\_  
*Clerk/Treasurer*

For Office Use Only Circle:    New / Renewal: \$25.00    Provisional: \$10.00
Date Received: _____    Amount Paid: _____
Copy of Training Certificate: _____    Copy of Driver's License: _____
Date Approved: _____    License # Issued: _____    Date Issued: _____

Go to [www.wcca.wicourts.gov](http://www.wcca.wicourts.gov) for this information:

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CHARGE/OFFENSE DATE OF CONVICTION COURT LOCATION

CCAP Checked: \_\_\_\_\_

CCAP Findings: \_\_\_\_\_

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Village Staff: \_\_\_\_\_ Date: \_\_\_\_\_