

## **Operator License Application**

Submission of both this application and proof of completion of the Beverage Server Training Course is required for your Operator License application or renewal to be considered complete.

2. First Name

Part A: Individual Information

1. Last Name

4. Social Security Number 5. Er			5. Email (W	Email (We will email the license to you.)				6. Phone		
7. Home	7. Home Address 8. Place of Employment									
9. City					10. State 11. Zip Code			12. Date of Birth		
13. Drivers License/State ID Number						14. Drivers License/State ID State of Issuance				
Part B:	Address History									
1. Do yo	ou currently live in Wisco	nsin?							Yes No	
If yes	, provide the month and	year whe	n you permanent	ly move	ed to Wisco	onsin			(MM/YYYY)	
2. List in	chronological order all	of your ad	dresses within th	ne last 5	years. Att	ach additional	sheets if necess	sary.		
Previous Address 1				City			State	Zip C	Zip Code	
Previous Address 2				City			State	Zip C	Zip Code	
Previous Address 3				City	City			z Zip C	Zip Code	
Previous Address 4				City			State	zip C	Zip Code	
Previous Address 5				City			State	zip C	Zip Code	
3. List a	Il states and counties yo	u have live	ed in as an adult	. Attach	additional	sheets if neces	ssary.			
State	County	State	County	У		County	State	Coun	County	
State	County	State	County	S		County	State	Coun	County	
		<u> </u>				l				

Continued  $\rightarrow$ 

3. M.I.

Part C: Criminal History										
Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?										
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets as needed.								
Law/Ordinance Violated	Location		Conviction Date							
Penalty Imposed		Was sentence completed?	Yes No							
Law/Ordinance Violated	Location		Conviction Date							
Penalty Imposed		Was sentence completed?	Yes No							
Law/Ordinance Violated	Location		Conviction Date							
Penalty Imposed		Was sentence completed?	Yes No							
Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal										
ordinances?			Yes No							
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.										
Dout F. Attactation										
Part E: Attestation Under penalty of law, I affirm that all responses and info	ormation provided in the	nis application are complete, a	accurate, and truthful to							
the best of my knowledge. I further certify that I am not p	orohibited from obtaini	ng an operator license due to	any prohibited financial							
or ownership interest in another tier of the alcohol beverage industry as a restricted investor, in accordance with Wisconsin law. I understand that any license issued in violation of Chapter 125 of the Wisconsin Statutes shall be considered void and without legal										
effect. I also acknowledge that knowingly submitting false or misleading statements, documents, or affidavits in connection with this application may subject me to criminal prosecution, and if convicted, I may be required to forfeit up to \$1,000 under state law.										
By signing below, I declare that I have read and understated Signature	and this attestation.	Date								
Olgitatule		Date								
For Office Use Only										
Paid on: Amount Paid:	Receipt#	Payment rece	eived by:							
Cambridge Police Department conducted a backgr	ound check on:									
Officer Signature:										
Recommendation: Approval		Village Board Approved on:								