

**APPLICATION
FOR BEVERAGE AND INTOXICATING LIQUORS
OPERATOR LICENSE**

<u>Operator's License</u> \$10	For Office Use Only	Provisional <input type="checkbox"/>	License No: _____
New <input type="checkbox"/>	License No: _____	Renewal <input type="checkbox"/>	License No: _____

TO THE TOWN BOARD OF LAKE HOLCOMBE, WISCONSIN:

I hereby apply for a license to serve, from the date hereof to June 30, 20____, (unless revoked sooner), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereafter and supplementary thereto. I hereby agree to comply with all laws, resolutions, ordinances, and regulations set by Federal, State, and Local government affecting the sale of such beverages and liquors if a license is granted to me.

Date: _____

PLEASE PRINT:

Name of Applicant: _____

Driver's License No. & State: _____

Address: _____ City: _____ State: ____ Zip: _____

Citizen of U.S.? Yes ____ No ____ Social Security No: _____ Phone: _____

Previous Residence: List all previous residences for the past two years (begin with the most recent)

Month & Year – From:To: Address: State: Zip:

Date of Birth: _____ Maiden Name (if applicable): _____

Any other name you have gone by: _____

License to be used at: (Name of Establishment) _____

Check one: ____ I have held an operator, premises or manager's license within the last two years (proof required if in municipality other than the Town of Lake Holcombe)

____ I have completed the Beverage Service Training Course within the last two years (certificate required)

125.17(5) (a)(2) Subject to pars. (b) to (e), a municipal governing body that issues operator's licenses shall issue a provisional operator's license to a person who, at the time of application for an operator's license under sub. (1) and payment of the fee under sub. (3), files a certified copy of a valid operator's license issued by another municipality.

Do you have a pending arrest or have you been convicted of any alcohol beverage related offenses including any of the following, as a juvenile or an adult?

- Illegal purchase, sale, or providing intoxicating liquor or beer? Yes ___ No ___
- Violation of closing hours at a licensed premise? Yes ___ No ___
- Any other violation of laws pertaining to alcoholic beverages? Yes ___ No ___
- Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment? Yes ___ No ___
- Obstructing a police officer while on the licensed premises for the sale of alcoholic beverages? Yes ___ No ___
- Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (Wis. Stat. 346.63)? Yes ___ No ___
- Operating a motor vehicle while under the age of 21 with a blood alcohol of more than .0% but not more than .1% (Wis. Stat. 346.63(2)(m))? Yes ___ No ___
- Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Wis. Stat. 346.935)? Yes ___ No ___
- Have you ever been convicted of a felony? Yes ___ No ___
- Do you have any criminal or ordinance charges presently pending? Yes ___ No ___

If you answered yes to any of the above questions, list the charge, exact location of arresting agency, and date of conviction and penalty.

<u>Date:</u>	<u>Nature of Offense:</u>	<u>County:</u>	<u>State:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements contained in his license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to Town Staff and the Town Board of the Town of Lake Holcombe.

I authorize the Town of Lake Holcombe to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

(State of Wisconsin)
(Chippewa County)

NEW LICENSES MUST BE NOTARIZED

I, _____, being first duly sworn on oath says that he/she is the person who
(Applicant)
made and signed the foregoing application for an operator's license; and all statements made by the applicant are true.

Subscribed and sworn to before me on this
_____ Day of _____, 20 ____

Signature of Applicant

Notary Public
My commission expires _____