

## APPLICATION FOR OPERATOR'S LICENSE

Request:	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	<input type="checkbox"/> Provisional
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Applicant Name (please print)			
Home Address		City	
Driver's License Number	Date of Birth	State	Zip
Daytime Phone	E-Mail		
Name of Establishment		Establishment Phone Number	

I certify that:

- I have held an operator's, premises, or manager's license within the past two years (if in another municipality other than the Village of Bloomington, proof is required), have completed the "Responsible Beverage Server's Training Course" (certificate is required) or enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).
- I am familiar with all laws, resolutions, ordinances, and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.
- I am a citizen of the United States.
- I have been a resident of the State of Wisconsin continuously since \_\_\_\_\_.
- I am a resident of the (Village / City / Town) of \_\_\_\_\_.
- I am \_\_\_\_\_ years of age.

Have you ever been convicted of a felony? ☐ No ☐ Yes

If so, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State

Have you been arrested for any other offenses? ☐ No ☐ Yes

If so, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State

I do hereby make application for an operator's license from the date hereof to June 30, 20\_\_\_\_, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes and Title 7, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

I, \_\_\_\_\_ hereby grant permission to the Village Clerk of the Village of Bloomington to do a background check through the State if Wisconsin Crime Information Bureau.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

County \_\_\_\_\_

Application will not be accepted without a notarization seal!

Commission Expires \_\_\_\_\_

Receipt #	License # (New/Renewal)	License # (Provisional)	License # (Temporary)
Disposition of Investigative Check			