



VILLAGE OF MILLTOWN

Alcohol Beverage Operator License Application

IMPORTANT INFORMATION

- An Operator License is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification.
- Your application will not be processed until all outstanding warrants are resolved. You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at <https://wcca.wicourts.gov/> (CCAP may not provide a comprehensive list of ALL arrests and convictions).
- **PLEASE CHECK BOX TO VERIFY YOU HAVE REVIEWED ALL IMPORTANT INFORMATION**

SECTION 1-LICENSE INFORMATION

PLEASE SELECT ONE:

- NEW** (\$20.00 fee) All new applications required to provide a copy of valid driver's license, and a copy of your certificate of completion by an approved Wisconsin Responsible Beverage Training course taken within the last two years.
- RENEWAL** (\$10.00 fee)

ALL LICENSE FEES ARE NON-REFUNDABLE

BUSINESS NAME(S) WHERE LICENSE TO BE USED: _____

SECTION 2-APPLICANT INFORMATION

Applicant must be 18 years of age or older to apply

Applicant Name (First Name, Middle Name, Last Name)		Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)		
Phone Number	Date of Birth	Social Security Number		
Current Address (also provide mailing address if different)	City	State	Zip Code	
Previous Address	City	State	Zip Code	

SECTION 3-ARREST & CONVICTION RECORD INFORMATION

The Village of Milltown performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

Have you ever been convicted of an alcohol or criminal offense?	<input type="radio"/> YES	<input type="radio"/> NO
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If YES, please list charges:		
Do you currently have pending criminal/alcohol charges against you?	<input type="radio"/> YES	<input type="radio"/> NO
If YES, please list pending charges:		

SECTION 4-REVIEW OF OPERATOR’S LICENSE APPLICATION

- The Milltown Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- The Milltown Police Chief will make recommendation of approval/denial to Village Board at a scheduled Village Board Meeting held the second Monday of each month.
- Upon approval, an operator’s license will be mailed to the applicant at the mailing address listed on this application. Applicant must keep the operator’s license with at all times while serving alcohol.
- Upon denial, a letter will be sent to the applicant. Applicants can make request to the Village Clerk to present reconsideration in closed session at the next scheduled meeting. At such reconsideration hearing, the applicant may present evidence and testimony as to why the license should be granted.

I hereby apply for an operator’s license to draw and serve fermented malt beverages and intoxicating liquor as defined by law, subject to the conditions and limitations imposed by Chapter 123 of the Wisconsin State Statutes, and by Chapter 2 of the Village of Milltown municipal code.

I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocations of my license. Further, I understand that this license is only valid within the Village of Milltown.

Wisconsin Law prohibits the granting of an operator’s license to a person who has an arrest or conviction record if the circumstances of the charge or conviction substantially relate to the circumstances of the job for which the license is required.

_____ **APPLICANT SIGNATURE** _____ **DATE**

FOR OFFICE USE ONLY	
Police Record Check Done By: _____	Date: _____
<input type="radio"/> Approved <input type="radio"/> Denied	
Explanation: _____	

