

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

		1-LICENSE IN				
PLEASE SELECT ONE:						
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 renewal applications required to provide a copy of valid driver's license.						
(,)	• • •		N-REFUNDABLE*			
USINESS NAME(s) WHERE LICENSE TO BE USED:						
	SECTION 2	_ADDI ICANT I	NEORMATION			
			NFORMATION age or older to apply*			
			NFORMATION age or older to apply*			
Applicant Name (First Name.	*Applicant must	be 18 years of o	age or older to apply*	Middle Name. Last Name)		
Applicant Name (First Name, I	*Applicant must	be 18 years of o		Middle Name, Last Name)		
	Applicant must	be 18 years of o	age or older to apply	Middle Name, Last Name)		
	Applicant must (be 18 years of o	age or older to apply lame(s) or Alias(es) (First Name,	Middle Name, Last Name)		
Phone Number	*Applicant must a Middle Name, Last Name) Date of Birth	be 18 years of o	age or older to apply* lame(s) or Alias(es) (First Name,	Middle Name, Last Name)		
Applicant Name (First Name, l Phone Number Current Address (also provide	*Applicant must a Middle Name, Last Name) Date of Birth	be 18 years of Prior I	age or older to apply* Jame(s) or Alias(es) (First Name, Social Security Number			
Phone Number	*Applicant must a Middle Name, Last Name) Date of Birth	be 18 years of Prior I	age or older to apply* Jame(s) or Alias(es) (First Name, Social Security Number			
chone Number Eurrent Address (also provide	*Applicant must a Middle Name, Last Name) Date of Birth	Prior I	lame(s) or Alias(es) (First Name, Social Security Number State	Zip Code		
hone Number urrent Address (also provide	*Applicant must a Middle Name, Last Name) Date of Birth	Prior I	lame(s) or Alias(es) (First Name, Social Security Number State	Zip Code		

Have you ever been convicted of an alcohol or criminal offense?

NO

0

YES

If YES, ple	ease list charges:							
Do you s	respective boyon ponding seiminal /alcohol sharges against you?	o VEC	o NO					
-	urrently have pending criminal/alcohol charges against you? ease list pending charges:	o YES	o NO					
11 1L3, pie	ase list perioring charges.							
	SECTION 4-REVIEW OF OPERATOR'S LICENSE A	APPLICATION						
• Th	e Milltown Police Department will perform a background chec	k to verify that the	information you					
ha	have provided is complete and accurate.							
	The same and the s							
	heduled Village Board Meeting held the second Monday of each							
•	oon approval, an operator's license will be mailed to the applic	•						
	is application. Applicant must keep the operator's license with oon denial, a letter will be sent to the applicant. Applicants can							
•	esent reconsideration in closed session at the next scheduled i	•	-					
•	earing, the applicant may present evidence and testimony as to	•						
or false answ his license is Wisconsin La	fy that the information on this application is complete, accurate, and true. For constitutes sufficient reason for rejection, denial, non-renewal, or revoca- only valid within the Village of Milltown. We prohibits the granting of an operator's license to a person who has an area or conviction substantially relate to the circumstances of the job for which	ations of my license. Fur rest or conviction record	ther, I understand that					
APPLICAN	Γ SIGNATURE	DATE						
	FOR OFFICE USE ONLY							
Police Re	ecord Check Done By:	Date:						
	pproved							
0 D	enied							
Explanat	ion:							