

\$60.00

Application for Operators License

to Serve Fermented Malt Beverages and Intoxicating Liquors in the Village of Sauk City

Date: _____ Fee Paid: _____ Receipt #: _____ New: _____ Renewal: _____

WARNING: Failure to fully answer, or falsifying answers, to any of the foregoing questions is a criminal offense and may result in charges in addition to cause for denial of license and will further prevent the applicant from filing another application for a period of six (6) months.

APPLICATION FEES ARE NON-REFUNDABLE

I hereby apply for an Operators License to serve, from the date granted **July 1, 2016 until June 30, 2018**, unless revoked, fermented malt beverages and intoxicating liquors subject to the limitations imposed by the Wisconsin Statutes and Village of Sauk City ordinances and all acts amendatory thereof and supplementary thereto. I hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. I am aware that the Village of Sauk City may take up to thirty (30) days to act on my application. **APPLICATION FEES ARE NON-REFUNDABLE**

Driver's License No.: _____ Sex: M/F Age: _____ years old

Date of Birth: _____ Prospective Employer: _____

Print Name: _____

(First Name) (FULL Middle Name) (Last Name) (Race)

Phone Number: _____ Email: _____

Answer the following questions fully and completely:

Name of applicant: _____

Address of applicant: _____

Have you been found guilty or pled No Contest to any violation, any State Laws, Federal Laws or Local Ordinances? (Speeding tickets are a conviction.) _____

What Violation(s): _____

Date of Conviction(s): _____ Name of Court: _____

Have you been convicted of violating any License Law or Ordinance Regulating the Sale of Beverages or Intoxicating Liquors?: _____

*******This section below must be signed in front of a Notary Public*******

I have read the Wisconsin Alcohol Beverage Laws for Retailers and Fully Understand the Laws.

Applicant Signature: _____

STATE OF WISCONSIN, SS SAUK COUNTY

Being first duly sworn on oath say that I am the person who made and signed the foregoing application for an operator's license and that all the statements made by the applicant are true.

Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____ 20____.

_____, Notary Public, Sauk County, Wisconsin.

Commission expires: _____

Records Check

Outstanding Fines & Fees

Municipal Fines _____

Village of Sauk City Fees _____

TOTAL \$ _____

Recommended for Approval: _____ Recommended for Nonapproval: _____

PROVIDING FALSE OR INACCURATE INFORMATION OR OMITTING INFORMATION WILL BE GROUNDS FOR DENIAL.