

Fee: \$10.00

Application for TEMPORARY Operators License
to Serve Beer and/or Wine in the Village of Sauk City

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. **Providing false or inaccurate information, or omitting information will be grounds for denial.**

APPLICATION FEES ARE NON-REFUNDABLE

List no more than 14 dates you are requesting to use this Temporary Operators License:

Name of Non-Profit Org. You are Employed By or Donating Your Services To:

*****INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID*****

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

Date of Birth: _____

Applicant's Name: _____
(First Name) (FULL Middle Name) (Last Name)

Applicant's Address: _____
(Street Address) (City) (Zip)

Phone Number: _____ Email: _____

Answer the following questions fully and completely:

Have you ever been found guilty or pled No Contest to any violation, State Laws, Federal Laws or Local Ordinances? (Yes, speeding tickets are a conviction.) If yes, explain: _____

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

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

Have you ever had any operators or other alcohol license suspended, revoked, or denied in this or any other municipality? (if yes, specify): _____

Applicant Read and Sign Below:

I am aware that the Village of Sauk City may take up to thirty (30) days to act on my application and that if this licensed is not issued, the fees that have been paid will not be refunded. I am allowed up to two (2) temporary operators licenses per year. **Applicant's Signature:** _____

Records Check	Outstanding Fines & Fees
	Municipal Fines _____
	Village of Sauk City Fees _____
	TOTAL \$ _____

Recommended for Approval: _____ Recommended for Non-Approval: _____

OFFICE USE: Date: _____ Fee Paid: _____ Receipt #: _____ Driver's License Copy