

APPLICATION FOR OPERATOR'S LICENSE

Request: <input type="checkbox"/> Provisional (\$15.00) <input type="checkbox"/> Annual Operator (\$25.00) <input type="checkbox"/> Biennial Operator (\$40.00)
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Applicant Name			
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 Adell, 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:

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>
_____	_____	_____
_____	_____	_____

Have you been arrested for any other offenses? No Yes

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

<u>Date</u>	<u>Nature of Offense</u>	<u>Location: City, County and State</u>
_____	_____	_____
_____	_____	_____

I do hereby make application for an operator's license from the date hereof to June 30, 2007, 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, Chapter 2 of the Adell Municipal Code, 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.

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			