VILLAGE OF CRIVITZ

OPERATOR'S LICENSE APPLICATION

___**PROVISIONAL** **Lic #**_____**Amount $**_____ **Term:**_____ **to** _____
___**ANNUAL OPERATORS** **Lic #**_____**Amount $**_____ **Term:**_____ **to** _____

___**BACKGROUND CHECK** **Amount** ***$10.00*** **Date Paid** _____
Balance Due upon approval: $_____

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Crivitz, Marinette County, Wisconsin, for a Provisional or Annual Operators license as selected for the term above to serve, fermented malt beverages and intoxicating liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the WI Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local affecting the sales of such beverages and liquors if a license be granted to me.

I certify that I am ____ years of age. **Applicant signature:** _____**Date:**_____
Date of Birth: _____ **Employed by/phone:** _____

Applicant contact #: _____

BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT HE/SHE HAS RECEIVED, REVIEWED AND UNDERSTANDS THE VILLAGE OF CRIVITZ OPERATORS LICENSE REVIEW POLICY.

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY
***** ATTACH COPY OF DRIVERS LICENSE *****

Print Name: _____
First Name **Full Middle Name** Last Name
Street Address:_____City, State, Zip Code:_____

Mailing Address:_____City, State, Zip Code: _____

1.**New or Renewal Application?** _____If renewal (within the past two years held a Class "A", "B", "C" license or permit or a managers or operators license), where was that license obtained?
City/State _____

2. If required by WI Statute Section 125.17(6), have you completed the alcohol awareness course? _____
If so, where? (website/college) _____ (Attach copy of certification)

3. Have you been convicted of **ANY** felony? _____ Have you ever been convicted of violating **ANY** law of the State of Wisconsin or the United States? _____ Do you have any pending charges against you? _____

Date of Conviction: _____Court Location: _____
Nature of Conviction/Charges: _____
(Attach additional list if necessary)

4. Have you ever been convicted of violating **ANY** license law **OR** ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____ Do you have **ANY** pending charges against you related to either? _____

Date of Conviction: _____Court Location: _____
Nature of Conviction/Charges: _____
(Attach additional list if necessary)