



Application for an "Operator's" License
to Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Cedar Grove, County of Sheboygan, State of Wisconsin for a License to serve from the date hereof until and including the 30th day of June, (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17 of the Wisconsin 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 sale of such beverages and liquors if a license be granted to me.

Application Date: _____

Operator License fee: \$2.00 per license

Answer the following questions fully and completely:

Name of Applicant: _____

Date of Birth ____/____/____

Address of Applicant: _____

If renewal (within the past 2 years held a Class "A", Class "B", Class "C" license or permit or a manager's or operator's license), where was the privilege obtained? (City, Town, Village) _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____

If so, where? _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____

If yes, date of conviction _____ Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____

Nature of violation _____

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued. I further acknowledge that a background check will be completed and that these results will be a condition of approval.

X _____
Signature of Applicant

STATE OF WISCONSIN
Sheboygan County

Subscribed and sworn to before me this _____

day of _____, 2_____

Notary Public, State of Wisconsin
My Commission expires: _____