

Fee: \$25 (Due at application)

Village of Rochester

Date Issued/ Denied _____

License # _____

Racine County

**Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors (Operator's)**

I hereby make application for an Operator's License under Section 125.17(1) of Wisconsin State Statute to sell/serve alcohol beverages in a Class "A" or Class "B" licensed establishment. I hereby agree that I will comply with all laws, resolutions, ordinances and regulations, State and Local, affecting alcohol beverages, if a license is granted to me.

I certify that I am a person of good moral character and that I am a citizen of the United States.

I understand that the Operator's License will expire on June 30th following the date of issuance.

I certify that I am _____ years of age.

Birth date _____

Drivers License # _____

Answer the following questions fully and completely: (Please print.)

Name of Applicant _____

First

Middle Initial

Last

Address of Applicant _____

Phone # _____

Is Application new or a renewal? _____

If renewal (within the past two 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? _____

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

If this is a new application, attach a copy of your course completion certificate.

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

Place at which you will be selling/ serving alcohol beverages _____

CONSENT TO DISCLOSURE

I, by signing this application, consent to the full investigation of my background by law enforcement officials and also consent to the use and disclosure by the Village of Rochester, its elected officials, its employees and agents, of any and all information obtained in said investigation relative to my competency to be licensed for said position for which I am applying.

X _____

Signature

Date of Application