

OPERATOR LICENSE APPLICATION

I, the undersigned, do hereby respectfully make application to the governing body of the Village of Muscoda, Grant and Iowa Counties, Wisconsin for a license to serve Fermented Malt Beverages and Intoxicating Liquors until the end of the license year (unless sooner revoked), subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin State 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.

All information must be clearly printed

First Middle Last

Address: _____ City: _____ Zip: _____

Have you completed the alcohol awareness course as required by law-WI SS 125.17(6)? Yes / No
If yes, a copy must be attached, unless already furnished.

Have you **EVER** been convicted of violating any law; either traffic or non-traffic? Yes / No
If yes, **LIST ALL VIOLATIONS:** _____

Have you been convicted of any felony? Yes / No If yes, the Village will not issue you a license.

Have you **EVER** been convicted of violating any license law or ordinance regulating the sale of Fermented Malt beverages or intoxicating liquors? Yes / No If yes, give offense and date convicted.

A CRIMINAL BACKGROUND CHECK WILL BE COMPLETED ON ALL APPLICANTS

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Race: _____ Male/Female Maiden Name: _____

I, certify that all above statements are true and correct. I further acknowledge that providing false, inaccurate, misleading or incomplete information shall result in the Village of Muscoda automatically rejecting this application.

Signature of Applicant

Place of Employment

- OR -

Name of Non-profit organization

Office Use:

Amount Paid \$ _____

Date Paid _____

Village Official Signature

Name of Temporary Event

Regular \$17; Provisional \$5; Temporary \$10

Date of Temporary Event