

FEE: \$20.00 (non-refundable)

**APPLICATION FOR 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 Town of New Glarus, County of Green, Wisconsin for a license to serve, from date hereof to June 30, \_\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all act 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.

I certify that I am \_\_\_\_\_ years of age.

\_\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Is application new or renewal? \_\_\_\_\_ If renewal, was your last license issued in the Town of New Glarus? YES / NO  
If not, where? \_\_\_\_\_

As required by WI Stats. Section 125.17(6), have you completed the alcohol awareness course? YES / NO  
If so, where? \_\_\_\_\_

*Place of Employment:* \_\_\_\_\_

*STATE OF WISCONSIN*  
*GREEN COUNTY*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clerk



**POLICE ADMINISTRATION'S REPORT TO Clerk-Treasurer/Town Board**

TRAFFIC \_\_\_\_\_ NCIC \_\_\_\_\_ CIB \_\_\_\_\_ LOCAL \_\_\_\_\_ CCAP/WCCA \_\_\_\_\_

CRIMINAL HISTORY \_\_\_\_\_ NOT RUN OTHER: \_\_\_\_\_

POLICE ADMINISTRATION'S RECOMMENDATION: APPROVE / DENY

If denied, reason:

- Applicant has been convicted of a felony that substantially relates to the licensed activity (unless duly pardoned).
- Applicant has habitually been a law offender (arrest or conviction of at least two offenses which are substantially related to the licensed activity within the five years immediately preceding the license application).
- Applicant did not disclose complete information on application.

BACKGROUND INVESTIGATION COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

---

PUBLIC SAFETY DETERMINATION: APPROVE / DENY DATE: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

---

TOWN BOARD DETERMINATION: APPROVE / DENY DATE: \_\_\_\_\_

If denied, reason: \_\_\_\_\_

Denial notice sent by certified mail to applicant by Town Clerk: \_\_\_\_\_  
(date)

---

Renewal Applicant request for Reconsideration Hearing: \_\_\_\_\_  
[Only renewals have right to hearing] (date)

**RECONSIDERATION HEARING** (by closed session):  
[Must be at least 10 days after notice of denial.]

DETERMINATION: AFFIRM / REVERSE DATE: \_\_\_\_\_

Denial notice sent to applicant by Town Clerk: \_\_\_\_\_  
(date)

NOTE: A renewal applicant who is denied any license upon reconsideration of the matter may apply to the Circuit Court pursuant to § 125.12(2)(d), Wis. Stats., for review.