FEE: \$20.00 (non-refundable)

APPLICATION FOR OPERATOR'S LICENSE

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully rof the Town of New Glarus, County of Grate hereof to June 30,, inclusive Beverages and Intoxicating Liquors, subjaction 125.32(2) and 125.68(2) of the Wisconsin supplementary thereto, and hereby agrordinances and regulations, Federal, Stabeverages and liquors if a license be granted.	reen, Wisconsin for a license to serve, for e (unless sooner revoked), Fermented spect to the limitations imposed by Seconstatutes and all act amendatory thereoforee to comply with all laws, resolution tate or Local, affecting the sale of specific specifical services.	from Malt ction and ons,
I certify that I am years of age.	Signature of Applicant	
Answer the following questions fully and	d completely:	
Name of Applicant:		
Address of Applicant:		
Is application new or renewal? license issued in the Town of New Glarus? If not, where?	If renewal, was your last YES / NO	
As required by WI Stats. Section 125.17(6), course? YES / NO If so, where?		ness
Place of Employment:		
STATE OF WISCONSIN GREEN COUNTY		
Signature of Applicant	Date	
Signature of Clerk		

APPLICATION FOR OPERATOR'S LICENSE BACKGROUND INFORMATION

NAME:			
First	Middle	Last	
ADDRESS:			
CITY/STATE/ZIP:			
PHONE NUMBER:			
DATE OF BIRTH:	DRIVER LICENSE	: #:	
Previous Address (less than 5 ye	ars):		
Have you ever been convicted			
Date of such conviction Name of Court			
Nature of offense			
If yes, list convictions: Date of such conviction		Ordinance within the last 10 years	s? YES/NO
Name of Court: Nature of offense:			
(i.e: OWI; Absolute Sobriety, Und If yes, list convictions: Date of such conviction: Name of Court:			
Nature of offense:			
Have you been convicted of vice beverages or intoxicating liquo Nature of Violation	rs? YES / NO	ordinance regulating the sale of Fe	ermented malt
Municipal violation? YES / No	Ö	es, for a Felony, Misdemeanor offe	
Has any license, (Driver's licenterone de la licente de la	cohol or drug related offe		nded,
of such facts, and certify that a information is true and correct information or failing to disclos	II information provided or to the best of my knowled se information may be gro	nd questions, I hereby consent to the application and the backgroudge. I understand that providing fa unds for denial of this operator's l month period. I understand that th	ind alse license as

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. DATE: BACKGROUND INVESTIGATION COMPLETED BY: 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: (date) [Only renewals have right to hearing] **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: _____

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.