**Village of Theresa**

**Operator License Application to Serve/Sell Malt Beverages and Intoxicating Liquor**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby apply, to the Village of Theresa, for a license to serve fermented malt beverages and intoxicating liquor, subject to the limitations imposed by WI Statutes 125.32(2) and 125.68(2) 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.

# PRINT CLEARLY AND ANSWER ALL QUESTIONS

1. Is this a: \_\_\_\_\_\_\_\_\_ NEW LICENSE - OR \_\_\_\_\_\_\_\_\_ LICENSE RENEWAL

 \_\_\_\_\_\_\_\_ One Year License ($30.00)

***$ 7.00 fee for background check also due upon submission of application***

1. Establishment under which you are applying for license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_

Previous legal names: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female \_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip\_\_\_\_\_\_\_

 Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WI Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If other state, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you **EVER** been convicted of a felony? \_\_\_\_\_NO \_\_\_\_\_YES

 If yes, please list conviction date, court of jurisdiction and type of violation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you **EVER** been convicted of violating a state law or ordinance pertaining to use of illegal drugs?

 \_\_\_\_\_\_NO \_\_\_\_\_YES

If yes, please list conviction date, court of jurisdiction and type of violation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you **EVER** been convicted of a sex-related crime? \_\_\_\_\_ NO \_\_\_\_\_YES

 If yes, please list conviction date, court of jurisdiction and type of violation.

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1. Have you **EVER** been convicted of any of the following alcohol related offenses?

 Operating motor vehicle while intoxicated \_\_\_\_\_NO \_\_\_\_\_YES

 Absolute sobriety (motor vehicle offense) \_\_\_\_\_NO \_\_\_\_\_YES

 Serving alcoholic beverages after hours \_\_\_\_\_NO \_\_\_\_\_YES

 Underage consumption/possession of alcoholic beverages \_\_\_\_\_NO \_\_\_\_\_YES

 Sale or delivery of alcoholic beverages to a minor \_\_\_\_\_NO \_\_\_\_\_YES

 Open intoxicants in a motor vehicle \_\_\_\_\_NO \_\_\_\_\_YES

 If yes, please list conviction date, court of jurisdiction and type of violation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As required by WI Statutes Section 125.17(6), have you completed the beverage server’s course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_. If yes, date of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*copy of certification required*)

The below signed, says that he/she is the person who made the foregoing application for an operator’s license and that ***all statement made by the applicant are* *true and correct*** and is the person who signs the application.

**The applicant may be prosecuted for submitting false statements and affidavits in connection with this application, which may result in denial or revocation of this license.**

**AN INCOMPLETE OPERATOR’S LICENSE APPLICATION OR FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN THE DELAY OR**

**DENIAL OF YOUR REQUEST FOR AN OPERATOR’S LICENSE**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date

**Responsible Beverage Service Courses Approved by the Department of Revenue:**

[**https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx**](https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx%20)

The following are the **only exemptions from taking the responsible beverage server course:**

1. Person is renewing their operator’s license (within a two-year period)
2. Held a retail license/permit or operator’s license during the past 2 years.
3. Completed the beverage server’s course in the past two years.

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# FOR OFFICE USE ONLY

Village Police Recommendation: Approve \_\_\_\_\_\_ Deny \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Presented to Village Board on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_