Return completed form along with $25.00 fee to:
Village Clerk's Office, 451 Kahoun Road, Wisconsin Rapids, WI 54494
Make checks payable to: Village of Biron

APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

Name_____ Age _____
(First) (Middle) (Last)

Maiden/Other Possible Names_____ Phone_____

Address_____ Date of Birth_____

City/State/Zip_____ Place of Birth_____

Have you been denied a beverage operator's license? YES / NO Why?_____Where?_____

Have you had a beverage operator's license revoked? YES / NO Why?_____Where?_____

WHERE will you be employed as a beverage operator?_____

Arrest/Police Record (including juvenile). If none, write "NONE".

I hereby apply to the Village of Biron Board of Trustees for a beverage operator license for the period ending June 30, 2018, as provided by Section 125.32(2) and 125.68(2) of Wisconsin Statutes and local ordinance. I certify that the information above is true and correct and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual law offender. I understand that I must have completed a responsible beverage service course or held an operator's license, retail liquor license, or manager's license within the last two years to qualify for issuance of a license. I further understand that the Village of Biron has a policy of denial of licenses for certain violations of the law. I further certify that I am familiar with, or will become familiar with prior to issuance of a beverage operator license, the laws, ordinances, and regulations pertaining to the sale of alcohol beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations.

I understand that fees will not be refunded or applied to another application after 4 months from this date.

Signature of Applicant_____ Date_____

WI CIRCUIT COURT ACCESS search of the applicant's record has been completed and shows:_____

☐ Approved ☐ Denied _____

For Office Use Only

NEW APPLICATION

Board Meeting Date _____
Course Completion Date _____
License # _____
Comments _____

For Office Use Only

☐ 12 month $25.00
☐ Provisional license (60 days) $10.00

Fee Amount Paid _____
Check # or Cash _____
Date Paid _____

Revised May 2016