## Return completed form, along with \$25.00 fee, <u>no later than</u> MAY 10, 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(First) (Middle)  |  | 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"   |  |  |
| the information above is true and correct and that I am pertinent felony and am not a habitual law offender. I und service course or held an operator's license, retail liquo qualify for issuance of a license. I further understand the certain violations of the law. I further certify that I am fam beverage operator license, the laws, ordinances, and rehereby agree to obey all provisions of said laws, ordinance I understand that fees will not be refunded or applied to a Signature of Applicant  WI CIRCUIT COURT ACCESS search of the applicant's Denied  Approved Denied | derstand that I must hat I must hat I license, or manager's at the Village of Biron hiliar with, or will become gulations pertaining to nces, and regulations. | ve completed a resports license within the last has a policy of denial ne familiar with prior to the sale of alcohol between 4 months from this control of the sale of alcohol between 4 months from this control of the sale of alcohol between 4 months from this control of the sale of alcohol between 4 months from this control of the sale of alcohol of the sale of the sale of alcohol of the sale of th | nsible beverage st two years to of licenses for issuance of a severages, and date. |
|   |  |  |  |
| For Office Use Only   |  | or Office Use Only   |  |
| NEW APPLICATION   | 12 month   |  | \$25.00  |
| Board Meeting Date  | Provisional lice   | nse (60 days)  | \$10.00  |
| Course Completion Date  | Fee Amount Paid  |  |  |
| License #   | Check # or Cash Date Paid  |  |  |
|   |  |  |  |
|   |  |  |  |

Revised May 2016