



<input type="checkbox"/>	Operator's License \$35.00 Expires on 6/30 in odd years
<input type="checkbox"/>	Operator's License Renewal \$35.00 Expires on 6/30 in odd years
<input type="checkbox"/>	Provisional Operator's License \$15.00 Expires in 60-days
<input type="checkbox"/>	Temporary Operator's License \$15.00 One time use only for nonprofits
Date Received: ___/___/___ <b>FEE IS NON-REFUNDABLE</b>	

## LICENSE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

### SECTION 1 - APPLICANT INFORMATION

Applicant Name (Last, First, MI)		All former Names	
Street Address	City	State	Zip
Driver's License Number		State License Issued In:	
Date of Birth	Phone Number		

### SECTION 2 - CONVICTION RECORD (Please make sure to list ALL convictions. Application may be denied if not listed)

Have you ever been convicted of a felony? (Please use back of form is necessary)  Yes  No

Date	Nature of Offense	Location of Offense
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a misdemeanor or Village ordinance violation?  Yes  No

Date	Nature of Offense	Location of Offense
_____	_____	_____
_____	_____	_____

### SECTION 3 - CERTIFICATION/LICENSE (You must have at least one of the certifications/license)

Have you successfully completed the "Responsible Beverage Servers Training Course"?  Yes  No  
If yes please attach a copy of your certificate

Are you currently enrolled in a "Responsible Beverage Servers Training Course"?  Yes  No  
If yes please attach a copy of your enrollment receipt

Do you currently hold an Operator's License from the Village of Kronenwetter or another municipality?  Yes  No  
If yes, please attach a copy of your license

### SECTION 4 - PENALTY NOTICE/OATH

I hereby apply for a license to serve 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 acts amendatory and supplementary of those sections, 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 is granted to me.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date sent to KPD ___/___/___	Date Payment Received: ___/___/___
Board Date: ___/___/___	Approved: Y / N
Check # _____ or Cash	