

Date Course Completed \_\_\_\_\_  
Date Picked Up \_\_\_\_\_

FOR OFFICE USE ONLY



|                         |
|-------------------------|
| License No. _____       |
| _____ New _____ Renewal |
| Date Issued _____       |
| Date Paid _____         |
| Receipt # _____         |

**OPERATOR'S LICENSE APPLICATION**

Section 12.02 Municipal Code

Fee: \$67.00

**INSTRUCTIONS TO APPLICANT:** Fill in completely. **A false or incomplete answer or statement in this application may result in denial or revocation of the license.** Fees will not be refunded if the application is denied. This application must be filed with the City Clerk at least fifteen (15) days prior to a Common Council Meeting.

APPLICANT: (Print)

\_\_\_\_\_  
LAST FIRST MIDDLE

MAIDEN NAME/OTHER NAMES USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PRESENT ADDRESS:

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

PREVIOUS ADDRESS:

(If less than 5 years ago)

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

PLACE OF EMPLOYMENT

WHERE LICENSE IS REQUIRED: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

I do hereby make application for an operator's license, for the year ending the thirtieth (30<sup>th</sup>) day of June 20 \_\_\_\_, in the City of West Bend, Wisconsin, to serve/sell/handle alcoholic beverages anywhere in the City of West Bend.

I certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of beverages under a Class A or Class B license, and I hereby agree if granted said license, to obey all provisions of said laws.

**I HEREBY AUTHORIZE THE WEST BEND POLICE DEPARTMENT TO SECURE A RECORD CHECK FROM THE DEPARTMENT OF JUSTICE.**

SIGNATURE: \_\_\_\_\_

By using any device, means or action, you consent to the legally binding terms and conditions of this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

Revised: January 2019