



## APPLICATION FOR OPERATOR'S LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:**

Date: \_\_\_\_\_  New License **OR**  Renewal License

**License Fee: \$42.00 – Good for one (1) license year.** A license period runs from July 1 to June 30. No proration for partial years.

A Provisional License is an additional \$15.00.

**All applicants must include a copy of your valid Wisconsin driver's license or state issue ID with this application.**

Village Hall – N168 W20733 Main Street  
Jackson, Wisconsin 53037  
Phone: (262) 677-9001 Ext. 11  
Fax: (262) 677-1710  
[www.villageofjackson.com](http://www.villageofjackson.com)  
jilline.dobratz@villageofjackson.com

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

Last Name:		First Name:	Middle Initial:	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Previous Names Used:		If you have resided in any other states since age 18, please list:		
Residence Address:		City:	State:	Zip:
Cell phone Number:	Home phone Number:	Date of Birth:	E-Mail Address:	

*Additional personal information may be required at a future date for the purpose of completing a background check.*

**If approved, your license will be mailed to you. Please provide the address you would like the license mailed to:**

Mailing Address:	City:	State:	Zip:
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**New License's require a copy of your Responsible Beverage Service Course Certificate of Completion. If you have not completed the course, indicate the Responsible Beverage Service Course that you are enrolled in and attach proof of enrollment. \*Training courses must be approved by the Wisconsin Department of Revenue\***

\_\_\_\_\_

Have you held an operator's license within the last two (2) years?  Yes **OR**  No

Name of Municipality: \_\_\_\_\_ License Number and Date: \_\_\_\_\_

**\*\*If license was NOT issued from the Village of Jackson, a copy of your operator's license from the municipality must be provided.**

**List ALL Citations, Tickets or Criminal CONVICTIONS, excluding parking tickets. Attach additional sheets if necessary.**

YEAR	LOCATION	CHARGE

**The Village of Jackson Police Department will perform a background check.**

TO THE CLERK OF THE VILLAGE OF JACKSON, WISCONSIN:

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, from hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), subject to the limitations imposed by Chapter 125.32(2) and 125.68(2) of the Wisconsin Statutes 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 is granted to me. I have paid the required Non-Refundable \$42.00 fee. (\$35.00 License fee and \$7.00 Background check fee). A Provisional License is and additional \$15.00.

**Pursuant to Jackson Ordinance, Section 4-52 – Fees are Non-Refundable.**

**My signature certifies that all my responses are true to the best of my knowledge. I understand that paid fees are non-refundable, pursuant to Jackson Ordinance, Section 4-52. Any false answers or omissions may result in denial of my application. I also authorized the Jackson Police Department to obtain criminal history and driver record data pertaining to me from any federal, state and/or local agency deemed necessary by the department. This release is executed as part of my application and it is understood that any information collected shall be used only in consideration of my application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**VILLAGE OF JACKSON USE ONLY**

Receipt No. \_\_\_\_\_ Date Paid \_\_\_\_\_ Date Sent to Police Dept \_\_\_\_\_

License No. \_\_\_\_\_ Date License Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has the applicant successfully completed the responsible alcohol beverage training course or held an operator's license within the last two (2) years?  Yes **OR**  No

Has the granting of a license been approved by the Police Department?  Yes **OR**  No Date Approved \_\_\_\_\_

Police Chief's Recommendation:

[ ] Approve [ ] Approve with Conditions- See attached [ ] Deny- See attached

\_\_\_\_\_  
Ryan Vossekuil, Chief of Police