

**2018 - 2019**  
**VILLAGE OF MAPLE BLUFF, WISCONSIN**  
**APPLICATION FOR LICENSE TO SERVE FERMENTED MALT**  
**BEVERAGES AND INTOXICATING LIQUORS**  
**\*\* OPERATOR'S LICENSE \*\***

**ATTACH A COPY OF YOUR PHOTO ID AND RESPONSIBLE BEVERAGE TRAINING CERTIFICATE**

DATE OF APPLICATION: \_\_\_\_\_

**TO THE VILLAGE BOARD OF THE VILLAGE OF MAPLE BLUFF, WISCONSIN:**

I hereby apply for a license to serve, from date hereof to **June 30, 2019**, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 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 be granted to me.

\_\_\_\_\_  
Signature of Applicant

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ EMPLOYER \_\_\_\_\_

NAME \_\_\_\_\_

First                      Middle                      Last

ADDRESS \_\_\_\_\_

Street Address

City                      State                      Zip

DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

***\*\*Knowingly providing false or inaccurate information is reason for denial.***

***Answer the following questions fully and completely:***

Have you ever been convicted of violating ANY laws or Federal, State, or Local Ordinances?

Yes \_\_\_\_ No \_\_\_\_ If yes, indicate state where convicted \_\_\_\_\_

(List offenses on back of application)

**\*\* The Village of Maple Bluff Police Department will perform a background check to verify the above information.**

I attest that I am the person who made the foregoing application for an operator's license, and that all statements and information provided are true and correct. I understand that the Village of Maple Bluff Police Department may perform a full background investigation prior to consideration of this application. I understand that providing false information may be reason for denial.

\_\_\_\_\_  
Signature of Applicant

(For office use only)

FEE - \$30.00    DATE PAID \_\_\_\_\_ RESPONSIBLE BEVERAGE TRAINING \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

POLICE OFFICER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_