Application for Operator's License

License to Serve Fermented Malt Beverages
& Intoxicating Liquors
Village of Maple Bluff
18 Oxford Place
Madison, WI 53704
Phone (608) 244-3048 Fax (608) 244-0179

VILLAGE OF MAPLE BLUFF
VILLAGEOFMAPLEBLUFF.COM

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 <u>June 30</u>, 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 _____

_____

Date of Birth _____ Phone Number (   ) _____

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

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(For office use only)

 FEE - $30.00   DATE PAID _____ RESPONSIBLE BEVERAGE TRAINING_____

APPROVED _____ DENIED _____

POLICE OFFICER'S SIGNATURE _____ DATE _____