

**VILLAGE OF EDEN
APPLICATION FOR OPERATOR'S LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

License Expires June 30, 20_____

1. New ___ Renewal ___ Date Filing _____

2. Name _____ Soc. Sec. No. _____
First Initial Last

3. Any Other Name or Alias Previously Used _____
First Initial Last

First Initial Last

4. Home Address _____
Street City State Zip

5. Home Phone _____ Cell/Work Phone _____

6. Sex: M ___ F ___ Date of Birth: _____ Age ___ Place of Birth _____

7. List all your residences for the past Two Years prior to the date of this application:

8. Have you been a resident of the State of Wisconsin continuously for at least 90 days prior to the date of this application? Yes ___ No ___
Date when continuous residency in the State of Wisconsin began _____

9. If this is a renewal or provisional application, where was your previous license obtained? _____

10. As required by WIS. STATS. § 125.17(6), have you completed a Responsible Beverage Server training course? Yes ___ No ___ If so, where was the course completed? _____

11. Have you ever been convicted of violating any of the following:

Federal law anywhere?	Yes ___	No ___
Wisconsin State laws?	Yes ___	No ___
Laws of any other State?	Yes ___	No ___
Ordinances of any Municipality?	Yes ___	No ___

Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license.

12. If you answered any of the above questions "Yes", please specify your conviction or convictions giving the specific offense, the date of conviction and place of conviction. Attach sheet if additional space is required. _____

13. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any Federal laws, any Wisconsin laws, or any laws of other states or ordinances of any municipality? Yes _____ No _____

If yes, specify the offense, giving the date of violation and place where proceeding is pending _____

14. Where will you be selling/serving alcoholic beverages? _____

Trade Name

Address

Owner's Name

15. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes _____ No _____

If "Yes", please identify the name of the wholesale licensee or permittee and the address of the wholesale or permittee. _____

I, the undersigned, do hereby respectfully make application to the Village Board of the Village of Eden, County of Fond du Lac, Wisconsin, for an operator's license to serve fermented malt beverages and intoxicating liquors from the date this application is approved until June 30, 20____, inclusive (unless sooner revoked) subject to limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amending and supplementing said 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 be granted to me. I affirm that I am the person named in the foregoing application, that I have read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void and under penalty of law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant

STATE OF WISCONSIN)
) ss.
FOND DU LAC COUNTY)

Subscribed and sworn to before me this
_____ day of _____, 20____.

Notary Public, State of Wisconsin
My Commission Expires _____