



VILLAGE OF GRANTON

210 MAPLE STREET BOX 69
GRANTON, WI 54436

PHONE: 715-238-7339
FAX: 715 238-8605

APPLICATION FOR OPERATOR'S LICENSE

____ Renewal ____ New

Fee: \$10.00

If **NEW** application proof of registration or certificate of competition of beverage server training course or copy of prior operators license from another municipality must be attached. **Wisconsin Statutes 125.17(6) state that an operator's license may not be issued unless the applicant has successfully completed a beverage server training course offered by a vocational, technical, or adult education district unless the applicant is renewing an operator's license, completed such a training course within the last 2 years, or held a Class "A", Class "B", "Class "A" or "Class B" license or manager's operator's license within the last 2 years.**

Date of Birth _____ Place of Employment _____

Driver's License # _____ State Driver's License Held: _____ Age: _____

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Granton, County of Clark, Wisconsin for a license to serve, from date hereof to June 30, 2 _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes, Municipal Code Chapter 20 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 license is granted to me.

Name _____
(First, Middle, Last)

Address _____
(Street Address and P.O. Box Number, City, State, Zip)

Phone Number _____
(Home and Cell Number)

HAVE YOU EVER BEEN CONVICTED OF ANY ALCOHOL BEVERAGE RELATED OFFENSES, INCLUDING ANY OF THE FOLLOWING:

1. Illegal purchase, sale or providing of intoxicating liquor or beer? _____
2. Violation of closing hours at a licensed premise? _____
3. Any other conviction of law pertaining to alcoholic beverages? _____
4. Disorderly conduct or criminal damage to property that occurred at a licensed establishment? _____
5. Obstruction of a police officer while on a licensed premise for the sale of alcoholic beverages? _____
6. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration(Wis. Stat. 346.63)? _____
7. Operating a motor vehicle while under age 21 with a blood alcohol of more than .0% but not more than 0.8%(Wis. Stat. 346.63 (2) (m) _____
8. Having alcohol beverages in your possession in a motor vehicle as a driver or a passenger (Wis. Stat. 346.935)? _____
9. **HAVE YOU EVER BEEN CONVICTED OF A FELONY?** _____

If you have answered **YES** to any of the above questions, list the date, nature and the location (City, County and State) of the offense after the question.

State of Wisconsin ss.	Must be Notorized
Clark County	
_____, being first and duly sworn on oath says that he/she is at least eighteen years of age, is <small>(Please Print First/Middle/Last Name of Applicant)</small>	
of good moral character, and is the person who made and signed the foregoing application for an Operator's License; and that all statements made by the applicant are true.	
_____ <small>(Signature of Applicant)</small>	
Subscribed and sworn to before me this _____ day of _____, 20_____.	
_____ <small>(Signature of Notary Public)</small>	
Notary Public M/C/E _____	