

VILLAGE OF IOLA

BEVERAGE OPERATOR LICENSE APPLICATION

FOR OFFICE USE ONLY		POLICE DEPT:	VILLAGE CLERK:
LICENSE PERIOD YER ENDING: June 30, 20_____		Date Background check approved: ____/____/____	Copy of: ___ Training certificate
___ New License \$10.00	Date Rec: _____		___ Driver's License or ID
___ Temporary \$10.00 Valid for 1-14 Consecutive Days	Amt. Paid: _____	Authorized by: _____	Date Issued on: ____/____/____
Temporary License valid from: ____/____/____ to ____/____/____		License Number: _____	

****A COPY OF THE APPLICANT'S STATE ISSUED DRIVER LICENSE OR STATE ISSUED ID MUST BE STAPLED TO THE APPLICATION AND A PROOF OF WISCONSIN RESPONSIBLE BEVERAGE TRAINING****

APPLICATION FEES WILL NOT BE REFUNDED. A POLICE BACKGROUND CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY & ANSWER ALL QUESTIONS. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL.

PLEASE PRINT

NAME (Must be <u>legal</u> name)	FIRST	FULL MIDDLE	LAST
PREVIOUS/MAIDEN NAME		OTHER NAMES/ALIASES EVER USED	
DATE OF BIRTH		PHONE NUMBER	
ADDRESS	STREET	CITY	STATE ZIP
PLACE OF EMPLOYMENT <small>Where you will be using the license; must be in the Village of Iola</small>			
IDENTIFICATION Driver License/State ID Number			

How Long have you been a resident of the State of Wisconsin? _____

Have you ever had a Beverage Operator's License before? ___YES ___NO If yes, where? _____
(Attach proof of any current license issued outside of the Village of Iola)

ADDITIONAL QUESTIONS FOR TEMPORARY LICENSE APPLICANTS ONLY

A Temporary Beverage Operator's License may be issued only to operators employed by or donating their services to a nonprofit corporation. No person may hold more than one operator's license per calendar year. This type of license is valid for a period of one to fourteen days.

Have you previously had a Temporary Beverage Operator's License in the current calendar year for which you are applying? ___ YES ___ NO

What is the event for which you will require Temporary Operator's License? _____

What is the date(s) of said Event? _____

APPLICATION CONTINUED ON THE BACK

VIOLATIONS-please read the following questions carefully!

Please be sure to include any pending violations and/or charges, even if they have been dismissed. Failure to provide complete and accurate information may result in the denial of this application. If this is a renewal, only list violations since the date of your last application. * "Drug/Alcohol related Offense" is to be read in the broadest possible sense. **If you have any doubt as to whether an offense is considered alcohol/drug related, you shall disclose the information.**

Have you EVER had an Operator's License revoked and/or suspended? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

Have you EVER been convicted of a FELONY? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

Have you been convicted of a MISDEMEANOR or ORDINACE VIOLATION in the past 10 years? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

Are there any pending FELONY, MISDEMEANOR or ORDINACE VIOLATION charges against you? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

Have you ever, as an adult, been convicted of a drug/alcohol related offense*? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

Are there any pending drug/alcohol related offenses* against you? YES NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

CERTIFICATION AND ACKNOWLEDGEMNET (check the box(es) to certify and acknowledge the following statements.)

I further certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of malt and liquor beverages and I hereby agree, if granted said license to obey all provisions of said laws.

Under penalty of law, I swear that the information provided in the application is true and current to the best of my knowledge and belief and understand that incomplete or incorrect information provided in response to any questions on said application may result in the denial of this application.

Applicant's Signature

Date

IF APPLICATION IS DENIED BY EITHER THE VILLAGE OF IOLA POLICE DEPARTMENT OR VILLAGE CLERK, PLEASE PROVIDE EXPLANATION HERE (Note: If applicant is denied, they may not reapply for 6 Months from the date of the denial):
