VILLAGE OF PRAIRIE DU SAC
APPLICATION FOR OPERATOR'S LICENSE TO EXPIRE ON OR BEFORE JUNE 30, 2021

APPLICATION FEES ARE NON-REFUNDABLE

WARNING: Failure to fully answer, or falsifying answers, to any of the following questions is a criminal offense and may result in charges in addition to cause for denial of license and will further prevent the applicant from filing another application for a period of six (6) months.

☐ Operator's License ($60)
☐ Operator's License with 2 month provisional ($75)
☐ Temporary Operator's License ($10)
(non-profit, 1-14 days, limit of one per year)

Office Use: Operator's Lic. ☐
Provisional Lic. ☐
Temp. Lic. ☐
License #_____ Date Issued: _____

Last Name First Name Middle Name

Age Birth Date Race Male ☐
____ _____________ _____ Female ☐

List all previous last names, including maiden name, you have had/used:

Are you a citizen of the United States?
☐ yes ☐ no How long? _____

Are you a resident of Wisconsin?
☐ yes ☐ no How long? _____

Are you a resident of Sauk County?
☐ yes ☐ no How long? _____

Where will you be selling or serving if license is granted?
_____

Driver's License Number (State & Number)
_____

Have you ever had an alcohol operator's license revoked? ☐ yes ☐ no
If yes, list the date of revocation and the cause:
_____

Street Address _____

City_____ State _____

Zip Code _____ Home Phone ( ) _____

E-mail _____

Present Occupation: _____

Employer Name: _____

Employer Address: _____Phone _____

Have you completed the Beverage Server Training course? ☐ yes ☐ no If yes, where and when? Attach Certificate.

READ CAREFULLY: Have you been convicted of a violation or have pending charges of any of the following: (Check yes or no; if yes, give details, attach additional page if needed.)

	YES	NO
Any Felony(s)?	☐	☐
Any Federal, Military and/or State Law(s)?	☐	☐
Any City, Town, or Village Ordinance(s)?	☐	☐
Operation of a motor vehicle recklessly or while intoxicated?	☐	☐

_____
_____
_____
_____
_____
_____

Beverage Server Training Requirement – No Operator's License can be issued until the applicant has successfully completed a Responsible Beverage Server Training Course. Within the past two years, must have held a valid Operator's License in any Wisconsin municipality or completed one of the Responsible Beverage Server Training Courses that have been approved by the Wisconsin Department of Revenue. Applicants for Provisional Licenses must show proof that they have signed up for or have taken the Beverage Server Training Course, and must be applying for an Operator's License as well. (Temporary Operator's License is exempt from this requirement.)

I HEREBY APPLY FOR A LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS, SUBJECT TO THE LIMITATION IMPOSED BY SECTION 125.32(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.

I ACKNOWLEDGE AND UNDERSTAND THAT MY PAST CRIMINAL RECORD SHALL BE CHECKED BY THE SAUK PRAIRIE POLICE DEPARTMENT, AND THAT THE FINDINGS SHALL BECOME A PART OF THIS APPLICATION. I UNDSERSTAND THAT ANY MISREPRESENTATION, OMISSION, OR FALSE STATEMENT SHALL BE CONSIDERED A JUST CAUSE FOR THE VILLAGE BOARD OF THE VILLAGE OF PRAIRIE DU SAC TO REFUSE TO GRANT THE LICENSE. IF, UPON GRANTING A LICENSE, THE VILLAGE BOARD SHALL LEARN OF ANY MISREPRESENTATION, OMISSION, OR FALSE STATEMENT IN THE APPLICATION, IT SHALL BE GROUNDS (UPON A HEARING BY THE VILLAGE BOARD) TO REVOKE THE GRANTED LICENSE.

THE UNDERSIGNED, DEPOSES AND SAYS THAT HE/SHE IS THE PERSON NAMED IN THE FOREGOING APPLICATION; THAT THE APPLICANT HAS 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 STATE LAW, THE APPLICANT MAY BE PROSECUTED FOR SUBMITTING FALSE STATEMENTS AND AFFIDAVITS IN CONNECTION WITH THIS APPLICATION.

PROVIDING FALSE OR INACCURATE INFORMATION OR OMITING INFORMATION WILL BE GROUNDS FOR DENIAL. YOUR SIGNATURE MUST BE NOTARIZED.

_____
Signature of Applicant

STATE OF WISCONSIN}
COUNTY OF SAUK}
The signed applicant being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this _____ day of _____, 20___.

_____
Notary Public
My Commission Expires _____

Police Department Recommendation: _____ _____ _____
Approve or Deny Signature Date