



# OPERATOR LICENSE APPLICATION

## ANNUAL LICENSE EXPIRES JUNE 30, \_\_\_\_\_

6969 236<sup>TH</sup> Ave Salem, WI 53168  
262-843-2713 \* 262-843-3409 fax

<b>Operators License \$25.00</b> NEW <input type="checkbox"/> OR RENEWAL <input type="checkbox"/>		<b>Background Check \$7.00 per name</b>	
If new, copy of Wisconsin Servers Certificate required			
Last Name:		First Name	
M.I. (required)			
Residence: Street Address		City:	State:
			Zip:
Phone:		Date of Birth:	
Drivers License # (photocopy required for all NEW applicants)			
Place of Employment:		Contact Person & Phone # of Employment:	
Other Names or Maiden Name:		Previous Address in the last 5 years:	

*This application must be filled out accurately and completely. If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.*

The undersigned hereby consents to allow the release of state and national criminal history record information to the Village of Paddock Lake and its personnel who are authorized to review such information including, but not limited to, the Clerk/Treasurer, elected members of the Board of Trustees and counsel. The Village of Paddock Lake agrees not to provide information obtained from a criminal history check to third parties and will not use such information for purposes other than consideration of this application.

The undersigned also acknowledges that material omission of convictions of any law of the State of Wisconsin, another state or local ordinance in conformance with such law or the laws of the United States in and of itself is reason for denial of this application.

Have you ever been convicted of violating any law of the State of Wisconsin, another state, or any local ordinance in conformance with such law or laws of the United States? \_\_\_\_\_ If YES, date of conviction: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Have you ever been convicted of violating licensing law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? \_\_\_\_\_ If YES, date of such conviction: \_\_\_\_\_

Name of Court: \_\_\_\_\_ Nature of offense: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Office use only

Payment received: \_\_\_\_\_ cash check charge Background check completed: \_\_\_\_\_

Date of Board Meeting: \_\_\_\_\_ License # \_\_\_\_\_