

VILLAGE OF CECIL
111 E Hofman Street – PO Box 159
Cecil, WI 54111-0159

Application for an “Operator’s “ License _____, WI _____, 20__

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the **Village of Cecil, County of Shawano, Wisconsin** for a License to serve, from the date hereof to June 30, 20__, 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 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 certify that I am ___ years of age. Date of Birth ___ / ___ / ___ X _____
Telephone # _____ Signature of Applicant _____

Answer the following questions fully and completely.

Name of Applicant _____ Is application New or a renewal? _____
Address of Applicant _____

If renewal, within the past 2 years held a Class A, Class B, Class C License or permit or a manager’s or operator’s license, where was the privilege obtained? _____

As required by WI Statutes Section 125.17(6), have you completed the responsible beverage training course? _____ If so, where? _____

Have you ever been convicted of any felony, relating to alcoholic beverages and or drug violation of any federal laws, any Wisconsin laws or any other states or ordinances of any municipality? Y or N
(If yes, give law or ordinance violated, trial date and penalty imposed, and/or date, description and status of charges pending.)
(If more room is needed, continue on reverse side of the form.) _____

Have you ever been convicted of any misdemeanor relating to alcoholic beverages and or any drugs for violation of any federal laws, and Wisconsin laws, any laws of any other states or ordinances of any municipality? Y or N
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on the reverse side of this form.) _____

Are there any charges presently pending against you(alcoholic beverages and/or drugs)for violation of any federal law, any Wisconsin laws, any laws of any others states or ordinances of any municipality? Y or N
(If yes, describe status of charges pending.) _____

Have you ever been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? Y or N

Nature of violation _____
Have you ever been convicted of any other felony or misdemeanor not related to alcoholic beverage and/or drug use? _____
If yes, please explain _____

STATE OF WISCONSIN
_____ County.

Drivers License # _____
Place of Employment _____
Soc. Sec. # _____

_____, being first duly sworn on oath says that (s)he 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.

X _____ Subscribed and sworn to before me this _____
day of _____, 20__

Applicant sign here

Notary Public, _____ County, WI