TOWN OF HUDSON WISCONSIN

OPERATOR'S LICENSE APPLICATION

DATE:_____

RECEIPT:_____

BEV. SERVER CERT._____

FEE: $60/2 YEAR PLUS
$7.00 BACKGROUND CHECK

RENEWAL:_____

I, hereby make application to the Town of Hudson, St. Croix, County, WI. For an **Operator's License** to serve fermented Malt Beverages and intoxicating Liquors subject to the limitations imposed by Section 1025.32(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, **from this date _____ to June 30, 20_____.**

Name-(first, middle, last) _____

Date of Birth_____ **Social Security #**_____

Address_____**City**_____**State/Zip**_____

Phone_____**DL#**_____**State** _____

_____I completed the "Responsible Beverage Server's Training Course (**attach certificate**) **OR**
_____I have an operator's license from another municipality in the State of Wisconsin (**attach Operator License**)

Have you ever been convicted of any felony, misdemeanor, or ordinance violations any Federal Law, any Wisconsin law, or any laws of any other states or municipality? **(Include everything except parking tickets) _____Yes _____No**

If yes, date of conviction(s) _____ Nature of offense(s)_____

_____

_____

Name of Court_____ Fine/Conclusion_____

Do you have any criminal, traffic, civil or ordinance charges presently pending against you?_____

_____

Nature of Offense_____ Date_____City, County, State_____

Have you ever had an operator's beverage license revoked, suspended or refused?_____

When licensed, where do you plan on working in the Town of Hudson? _____

A record search and investigative report will be run to confirm and verify the information you provided. Information obtained may affect the granting of this license.

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The information contained in this application is complete, true and correct. I understand that any intentional misrepresentation, falsification, withholding of information or incomplete answers to questions on this application will be grounds for refusal of the license. I also understand that should these factors become known after the license has been issued; it is grounds for revocation of the license and possible prosecution for making a false statement. I authorize the Town of Hudson and its representatives to obtain information from any and all local and state authorities for the purpose of verifying the information supplied by me and determining my suitability to be granted the license for which I have applied.

Date:_____Signature of Applicant:_____

State of Wisconsin
St. Croix County

_____, being first duly sworn on oath says that (s)he is the person who made and signed the forgoing application for an Operator's License; that all the statements made by the applicant are true.

_____ Applicant Signature

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

_____Notary Public My commission expires_____

STATE OF WISCONSIN DEPARTMENT OF JUSTICE
BACKGROUND CHECK #_____

_____ Recommend Approval

_____Recommend Denial