

# OPERATOR'S LICENSE APPLICATION

VILLAGE OF BROWN DEER, WISCONSIN 53223

DATE: \_\_\_\_\_

Name of Establishment Where This License Will Be Used? \_\_\_\_\_

FEE: \$50.00 for 2-Year License  
Plus \$5.00 for Police Department Background Check

RECEIPT NO. \_\_\_\_\_

**\*\*IF APPLICATION IS DENIED OR APPLICANT WITHDRAWS, ALL FEES ARE NON-REFUNDABLE.**

**PROCESS TIME: 7-10 WORKING DAYS**

**APPLICANT MUST BE 18 YEARS OF AGE OR OLDER TO APPLY.**

**Read instructions and notice** on reverse side of this application **before** completing items below. Answer all questions and supply all information requested. **PRINT CLEARLY.**

1. Name \_\_\_\_\_  
*first middle initial last (maiden name)*

2. Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

\*Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. List Previous Addresses for past five (5) Years (If None, Write "None")

Address	Date Last Lived There
_____	_____
_____	_____

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

5. Do You Now Hold or Have You Ever Been Granted Any License or Permit Associated with the Sale of Alcoholic Beverages? ( )Yes ( )No If Yes, list type of license, dates held, and issuing jurisdiction:

Date	Type of License	Issued By
_____	_____	_____
_____	_____	_____

6. Have You Ever, In Your Lifetime, Been Convicted of Violating Any Law, Ordinance or Regulation Pertaining to the Sale of Alcoholic Beverages? ( )Yes ( )No If Yes, list date(s), violation, and jurisdiction:

Date	Type of License	Issued By
_____	_____	_____
_____	_____	_____

7. **Have You Ever, In Your Lifetime, Been Convicted of Any Offense, the Result of Which Was a Penalty of a Jail or Prison Sentence, Probation or a Fine or Forfeiture Which, Including All Court Imposed Costs, Exceeded \$100?**  
 ( ) Yes ( ) No **If Yes**, list date(s), offense, penalty and jurisdiction:

Date	Offense	Penalty	Jurisdiction
_____	_____	_____	_____
_____	_____	_____	_____

8. **Have You Completed the Training Session on Alcohol Beverage Regulations:**

( ) Yes - When? \_\_\_\_\_ Where? \_\_\_\_\_ ( ) No

**ADDITIONAL INSTRUCTIONS TO APPLICANTS FOR OPERATOR'S LICENSES:**

*Read these instructions and the notice below before completing this application.*

- , Supply all information requested on this application. Information must be accurate and complete. False information or omissions are grounds for denying your application.
- , A thorough investigation by our Police Department is made on every applicant for the above licenses.
- , A full set of fingerprints is required of **ALL NEW** applicants. Fingerprints may be taken at the Brown Deer Police Department between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.
- , All license fees must be paid when filing this application.
- , If your application is approved, your license will be available for redemption at the Village Hall during regular working hours, Monday through Friday, 8:00 A.M. to 5:00 P.M.
- , Applicant understands that information on this application and collected as part of the licensing investigation becomes a public record and is subject to disclosure to the public upon request.
- , Do you owe outstanding debts to the Village of Brown Deer? ( ) Yes ( ) No  
 Have you paid in full all personal property taxes, all real estate taxes and all fines owed to the Village for ordinance violations? ( ) Yes ( ) No ( ) Not Applicable

An incorrect response on this statement is grounds for suspension, revocation or non-renewal of license.

I have read the above instructions and notices.

\_\_\_\_\_ *Date* \_\_\_\_\_ *Applicant's Signature*

The above applicant, being first duly sworn on oath, says that he/she is the person who made the foregoing application and that all information supplied is true and correct. **(FALSE INFORMATION OR OMISSIONS WILL BE GROUNDS FOR DENYING THIS APPLICATION!)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*  
 Milwaukee County, Wisconsin  
 My Commission Expires \_\_\_\_\_

(\*Furnishing of the Social Security Number is purely voluntary on the part of the applicant. Failure to furnish the Social Security Number **will not** result in denial of the application.)