

**APPLICATION FOR OPERATOR'S LICENSE TO SERVE  
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

**PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY**

Date: \_\_\_\_\_  New License     Renewal License     Provisional License

TO BE ISSUED:  as soon as approved by Council **OR**  at the beginning of the next license year (July 1)

License Fee: \$45 New  \$35 Renewal  License is good for one (1) year. License period runs from July 1 through June 30. No proration for partial year. Provisional licenses are an additional \$15. \$10 late fee for renewals received after July 1

*Please note: Wis. Statutes Sec. 125.04(3)(f)1 states all applications to sell alcohol beverages shall be filed at least 15 days prior to the granting of the license. Therefore; applications must be submitted at least 15 days prior to the Council meeting at which the license is granted.*

Place of employment or where license will be used at: \_\_\_\_\_

Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	City:	State:	Zip:
Telephone Number:	Email Address:	Date of Birth:	Maiden Name:
Social Security Number:	Driver's License Number and State:	US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all residences for the past 10 years. If more room is needed please attach a separate sheet.

Check One:

- I have successfully completed a Wisconsin-approved beverage server training course within the past two years. Please attach certificate.
- I have held an operator's, alcohol, or manager's license within the last two (2) years (if in municipality other than the City of Cedarburg please attach copy of license).

**Do you have a pending arrest or have you been convicted of any alcohol beverage related offenses including any of the following, as a juvenile or an adult?**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Illegal purchase, sale or providing intoxicating liquor or beer?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Violation of closing hours at a licensed premise?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other violation of laws pertaining to alcohol beverages?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disorderly conduct or criminal damage to property that occurred at a licensed establishment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obstructing a police officer while on the licensed premises for the sale of alcohol beverages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Please complete reverse side*

**Do you have a pending arrest or have you been convicted, as a juvenile or adult, of:**

Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration?  Yes  No

Operating a motor vehicle while under age 21 with a blood alcohol of more than .0% but not more than .08%?  Yes  No

Having alcohol beverages in your possession in a motor vehicle as a driver or passenger?  Yes  No

**Have you ever been convicted of a felony?**  Yes  No

**Do you have any criminal or ordinance charges presently pending against you?**  Yes  No

**Do you presently have any overdue or outstanding forfeitures resulting from a violation of any County, City, Village, or Town ordinance?**  Yes  No

*If you answered yes to any of the above questions, please list the charge(s), location of arresting agency, date of conviction and penalty. If more room is needed please attach a separate sheet.*

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TO THE COMMON COUNCIL OF THE CITY OF CEDARBURG, WISCONSIN:

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapter 125 of the Wisconsin State 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 is granted to me. I authorize the investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to City staff and the Common Council of the City of Cedarburg.

I certify that I am the person who made and signed the foregoing application for an operator's license and that all statements made herein are true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CITY OF CEDARBURG USE ONLY**

Date Paid: \_\_\_\_\_ Cash  Check  Credit Card  License No. \_\_\_\_\_

License good from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Approval of Chief of Police Date

No CIBR  No CCAP  No In House  No DOT Alcohol