

TOWN OF OAK GROVE: Operator's License Application Form

I hereby make application with the Town of Oak Grove – Pierce County, Wisconsin, for an Operator's License as provided by Town Ordinance and amendments there to, to sell Fermented Malt Beverages and/or Intoxicating Liquors in the Town of Oak Grove, which shall be for a term of one year or less, with annual licenses beginning July 1 and expiring on the 30th day of June the following year. Note: You must be current with all monies owed to the Town of Oak Grove.

Processing/Application Fee: \$20 per applicant. No refunds are given.

DATE: _____ PHONE: _____

NAME of Applicant/server: _____

LAST NAME FIRST MIDDLE

ALIAS: _____ MAIDEN NAME: _____

The following information is required to run a criminal history and driving record check:

Date of Birth: _____ Social Security #: _____ Race: _____

DRIVER'S LICENSE NUMBER/ STATE: _____ (CIRCLE) MALE FEMALE

CURRENT RESIDENCE: _____

MAILING ADDRESS (if different than above) _____

PREVIOUS ADDRESS: _____

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES that you have incurred during the past five (5) years. Do not include any traffic offenses for which the penalty imposed was less than \$50.00.

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my Operator's License upon demand or due to any false statements upon this application.

Applicant's Signature

PLACE OF EMPLOYMENT: _____

Alcohol Awareness Course Completed*: (Circle) Yes No Date of Completion: _____

Name of DOR-approved Course Provider/Location _____

Attach course certificate if course was newly completed. Successful completion required unless: you are renewing an existing Oak Grove operator's license (circle Yes/No), OR have completed course within last 2 years (circle Yes/No), OR have held a retail/manager/operator's license elsewhere in the state within the last two years. (If so, specify where:)

FOR OFFICE USE ONLY:

Regular License _____ 60 day Provisional License _____ 60 day Expiration Date: _____

Date Registered for School: _____ School Completed: _____

Amount Paid: _____ New _____ Renewal _____ Special Event Temporary _____

APPROVAL:

Date: _____ Town Clerk _____ Date: _____ Town Board _____

(form last updated 5/2019)