

Application for an "Operator's" License: Village of Rock Springs WI 53961 (\$25.00 Fee)

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 Rock Springs, County of Sauk, Wisconsin for License to serve, from date hereof to June 30, _____, 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. DOB ____/____/____ X _____
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____ Is application new or a renewal _____

Address of Applicant _____ City _____ State _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B", or "Class B" license or permit or a manager's or operator's license) where was the privileged obtained? (City Village Town) _____

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

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States _____
Date of such conviction _____ Name of Court _____
Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____ Name of Violation _____

STATE OF WISCONSIN
SAUK COUNTY

_____, 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 _____
Applicant Sign Here

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

Clerk/Treasurer, Village of Rock Springs, Sauk County, Wis.

Filling out your application

- An Operator License is a privilege, not a right. Any false answers or omissions may result in the denial of your application.
- This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Villager Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants.
- You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/index.xla (CCAP may not provide a comprehensive list of ALL arrests and convictions).

Review of your application

- The Village of Rock Springs will perform a background check to verify that the information you have provided is complete and accurate.
- Applications are formally approved at the Village Board meetings on the third Monday of the month.