VILLAGE OF KIMBERLY
APPLICATION FOR OPERATOR'S LICENSE

July 1, _____ to June 30, _____

- ☐ 1 Year Operator License $32.00
- ☐ 2 Year Operator License $50.00
- ☐ 60 Day Provisional License $15.00

- ☐ Renewal Applicant
- ☐ New Applicant
- ☐ Resp. Beverage Server Completion

TOTAL PAID $_____

SECTION 1 – APPLICANT INFORMATION

Name (Last, First, MI)			Maiden Name / AKA
Street Address	City		State & ZIP
Driver's License Number			State that issued license
Date of Birth	Sex	Home Phone	Cell Phone
Name & Address of Establishment you will be selling / serving alcohol			

SECTION 2 – BACKGROUND CHECK INFORMATION- Use additional page if necessary.

Alcohol & Drug Related Violations (Traffic & Non-traffic w/in last **2 years**)	Status (Pending Charge, Guilty, Dismissed in Plea Deal etc.)	Date
Non-Alcohol & Non-Drug Related **CRIMINAL** Violations (Traffic & Non-traffic w/in last **2 years**)	Status (Pending Charge, Guilty, Dismissed in Plea Deal etc.)	Date

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the Village of Kimberly, County of Outagamie, Wisconsin, for an "Operator's License" as provided by Section 125.17 of the Wisconsin Statutes.

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

_____
Applicant's Signature

_____
Staff Signature as Witness

(Notary required if NOT returning application in person.)
Subscribed and sworn before me
this _____ day of _____ , 20_____

_____
Notary Public Signature
My Commission Expires: _____

FVMPD recommends: ☐ Approval ☐ Denial due to: _____
Completed by: _____ Date: _____

Kimberly Village Board: ☐ Approved ☐ Denied
this application at its Board Meeting on _____ Clerk's Signature: _____