



VILLAGE OF KIMBERLY APPLICATION FOR OPERATOR'S LICENSE

July 1, _____ to June 30, _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Renewal Applicant
<input type="checkbox"/> New Applicant | <input type="checkbox"/> 1 Year Operator License \$32.00
<input type="checkbox"/> 2 Year Operator License \$50.00
<input type="checkbox"/> 60 Day Provisional License \$15.00
<input type="checkbox"/> Temporary Operator License* \$ 0.00 (Temp Exempt from RBS) | <input type="checkbox"/> Picture # _____
<input type="checkbox"/> COPY of Driver's License
<input type="checkbox"/> COPY-Resp Bev Serv Comp (or #2) _____
<small>IF NO COPY-list Course, Cert No & Date</small>
#2 OR COPY-current operators license
from other municipality |
|--|---|--|
- 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 (Temporary Operators* must include Dates & Event Name)			

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.

(Notary required if NOT returning application in person.)

Subscribed and sworn before me
this ____ day of _____, 20____

Applicant's Signature *Date*

Staff Signature as Witness *Date*

Notary Public Signature
My Commission Expires: _____

Background Check Completed by: _____ Date: _____ <input type="checkbox"/> Forward to Board for consideration or <input type="checkbox"/> Forward to FVMPD for further review FVMPD recommends: <input type="checkbox"/> N/A <input type="checkbox"/> Approval <input type="checkbox"/> Denial due to: _____ Kimberly Village Board: <input type="checkbox"/> Approved <input type="checkbox"/> Denied this application at its Board Meeting on _____ Clerk / Deputy Clerk's Signature: _____
