



VILLAGE OF KIMBERLY APPLICATION FOR OPERATOR'S LICENSE

July 1, _____ to June 30, _____

- Renewal Applicant
- New Applicant

- 1 Year Operator License \$32.00
- 2 Year Operator License \$50.00
- 60 Day Provisional License \$15.00
- Temporary Operator License* \$ 0.00

TOTAL PAID \$ _____

- COPY of Driver's License (front & back)
- COPY-Resp Bev Serv Comp (or #2)
_____ (Temp Exempt from RBS)

IF NO COPY-list Course, Cert No & Date
#2 OR COPY-current operators license
 from another municipality

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: _____

FVMPD recommends: Approval Does Not Recommend Approval

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