



## VILLAGE OF KIMBERLY APPLICATION FOR OPERATOR'S LICENSE

July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

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

**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 <b>CRIMINAL</b> 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 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*                          *Date*

\_\_\_\_\_ *Staff Signature*    *Date*

<b>Background Check</b> Completed by: _____ Date: _____ <b>FVMPD</b> recommends: <input type="checkbox"/> Approval <input type="checkbox"/> Does Not Recommend Approval Date License Issued & Mailed: _____ Clerk/Deputy Clerk's Signature: _____
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