



APPLICATION – OPERATOR/BARTENDER LICENSE

License year: July 1, ____ to June 30, ____

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

\$ 30.00 Operator License

\$ 15.00 Provisional License (60 days)

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Random Lake, County of Sheboygan, Wisconsin for a 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.

1. New ☐ Renewal ☐ Date filing: _____
Prev. Lic. # _____

2. Name: _____
First Middle Last

3. Social Security No.: _____ Driver's License No.: _____

4. Home Address: _____
Street City/State Zip Code

5. Phone Number: _____ Ethnicity: _____

6. Sex: M ☐ F ☐ Date of Birth: _____ Age: _____ Place of Birth: _____

7. Are you a citizen of the United States Yes ☐ No ☐

8. List all your residences for the past Two years to the date of application:

9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)

Federal Laws ANYWHERE? _____

Wisconsin State Laws? _____

Laws of ANY other State? _____

Ordinances of the Village of Random Lake? _____

10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):

11. Where will you be serving/selling alcohol beverages?

Business Name: _____

Clerk/Treasurer

Applicant's Signature

☐ APPROVED ____/____/____ ☐ REJECTED ____/____/____

Office Use Only

REASON: _____

☐ \$ 30.00 – OPERATOR LICENSE

☐ CASH ☐ CHECK # _____ LICENSE #: _____

☐ \$ 15.00 – *PROVISIONAL LICENSE (60 DAYS)

☐ CASH ☐ CHECK # _____ LICENSE #: _____

*TRAINING CERTIFICATE RECEIVED ____/____/____

96 Russell Drive, P.O. Box 344, Random Lake, WI 53075

Telephone: (920) 994-4852

Facsimile: (920) 994-2390

Website: www.randomlakewi.com