



VILLAGE OF ST. NAZIANZ
PO BOX 302
ST NAZIANZ WI 54232

920-773-2471

• saintnazianz.org

• villageofstnazianz@tds.net

**APPLICATION FOR AN OPERATOR'S LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

FEE: \$15.00

TO THE GOVERNING BODY OF THE VILLAGE OF ST. NAZIANZ, WI:

I do hereby apply to serve from date hereof to June 30, 202__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapter 125 of the Wisconsin Statutes, Title 7 of the Village Code of Ordinances 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 is granted to me.

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____ Date of Birth: _____

License to be used at (Name of Establishment): _____

I certify that I am a citizen of the United States and that I am _____ years of age.

Answer the following questions fully and completely:

Applicants must truthfully and completely fill out applications. If an applicant provides false information or intentionally omits information on an application, the application shall be denied, and the applicant shall not be eligible to reapply for an operator license for a period of one (1) year from the date of denial of such application.

1. Did you hold an operator's license in the Village of St. Nazianz last year?

Yes No

2. Did you hold a Class "A" or Class "B" Fermented Malt Beverage or Intoxicating Liquor or Manager's or Operator's License within the last two years?

Yes No

If so, where? _____

3. Have you completed a beverage server training course at any location offered by a vocational, technical, and adult education district? *(Must submit proof of completion.)*

Yes No

4. Have you ever been convicted of any felony or have any drug or alcohol related convictions on your record? *(If yes, please explain.)*

Yes No

5. Are there any outstanding charges pending against you? *(If yes, please explain.)*

Yes No

I hereby certify that the above answers are true and accurate. I authorize the Village to do a police record check as required by Sec. 125.04(5)(a).

Signature

Date

For Office Use Only

Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official

Title

Signature of Local Official

Date

Date Paid ____/____/____

Cash: _____

Check #: _____

License Issued: ____/____/____

Village Clerk: _____

License #: _____