



Village Clerk-Treasurer
 8811 Campus Drive
 Mount Pleasant, WI 53406
 262.664.7800 (Direct) 262.664.7801 (Fax)
 www.mtpleasantwi.gov

Temporary Operators Application

Temporary Operator's License Fee: \$10.00

License Fees are non-refundable

Date _____ New Renewal Male Female

1. Name (Last, First, MI) _____ Maiden Name _____
2. Address (Home, City, State, Zip) _____ Phone Number _____
3. Date of Birth _____ Age _____
4. Business Name & Address Where License is to be Used _____

PLEASE NOTE: license may be utilized in the Village of Mount Pleasant only.

I hereby apply for a Temporary operator's license to draw and serve fermented malt beverages and intoxicating liquor as defined by law, until June 30, 201__ (clerk will insert year), subject to the conditions and limitations imposed by Chapter 125 of the Wisconsin Statutes and by Chapter 6, of the Mount Pleasant Municipal Code.

5. If application is also being made for a provision operator's license, attach proof of enrollment in the "Responsible Beverage Server" training course which conforms to the requirements of Section 125.17(6), Wisconsin Statutes. The undersigned applicant fully understands that said provisional license will expire 60 days after its issuance or when an operator's license is issued, whichever is sooner, and will be terminated if the applicant fails to successfully complete the "Responsible Beverage Server" training course.
6. As required by WI Statutes Section 125.17(6) have you completed the alcohol awareness course? Yes No
7. Have you, as an adult, ever been convicted of a crime or violation in Wisconsin or in any other state?
 _____ Yes _____ No If Yes, please explain _____

8. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other state? _____ Yes _____ No
 If Yes, please explain: _____

Wisconsin Law prohibits the granting of an operator's license to an individual who has an arrest or conviction which substantially relates to the circumstances of the employment for which the license is required.

9. A valid photo ID, Wisconsin Driver's License or ID or Passport copy is required. _____ Check here if attached.

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly and completely, under the penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete, **in any material respect, it may be denied.**

Applicant Signature _____ Date: _____

Witness _____ Date: _____

2018 Mount Pleasant Police Check for Licenses

\$22.00

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ SEX: Female ___ Male ___ Race _____

YOUR HOME ADDRESS: _____
(Number and Street) (City) (State)

DRIVER'S LICENSE#: _____ PHONE #: (_____) _____

or

OTHER VALID ID e.g. WISCONSIN PHOTO ID, PASSPORT # _____

PLACE OF EMPLOYMENT: _____
(Name) (Address)

Please indicate name of city and state where you have lived during the last 5 years.

2014 _____ 2017 _____

2015 _____ 2018 _____

2016 _____

**PROVIDE AND ATTACH
PHOTO ID**
.....

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FOR POLICE INVESTIGATION USE ONLY

MT.PLEASANT POLICE DEPARTMENT: _____

RACINE POLICE DEPARTMENT: _____

C.I.B & N.C.I.C. _____

CONTACT DEPT AG, TRADE AND CONSUMER PROTECTION: for Direct Sellers Permits:

1(414) 266-1234 jay.garbe@wisconsin.gov _____