



# VILLAGE OF MOUNT PLEASANT

## Operator License Application

2-Year License - Expires June 30th Odd Number Years - License Fee is Non-Refundable & Not Prorated

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

Circle One: New | Renewal | Temporary

OP \$75.00 | TEMP \$10.00 | BACKGROUND CHECK \$25.00

1. Full Legal Name (print) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Former Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Name & Address where your License is to be used: \_\_\_\_\_

Prior Street Address (if above address is less than 5 years): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I hereby apply for an Operator's license to draw and serve fermentaed malt beverages and intoxicating liquor as defined by Chapter 125 of the Wisconsin Statutes and by Chapter 6, of the Mount Pleasant Municipal Code.

For the purpose of answering the following questions - If you are unsure whether to list a vioalntion, LIST IT. A background check will be performed and omitting a violation may be cause for denial.

2. Have you, as an adult, ever been convicted of a crime or violation in Wisconsin or any other State? (Incl: OWI/DWI) YES NO  
If yes, please explain:

3. 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 require.**

4. Within the last two (2) years, did you have or complete one of the following:

- Successfully completed a Responsible Alcohol Servers Course
- Were an alcohol agent for a retail alcohol license
- Held an Operator's License issued in Wisconsin
- Were the sole proprietor of retail alcohol license

5. Please provide a copy of your Responsible Alcohol Servers Certificate for NEW applications  Check here if attached

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

Certification: I hereby certify that the information on this application is complete, accurate and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the village limits of Mount Pleasant. By signing this form you agree to allow the Village to conduct a background check.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### FOR OFFICE USE ONLY

<p><u>Return Completed Form &amp; Payment to:</u> Mount Pleasant Village Clerk 8811 Campus Drive Mount Pleasant, WI 53406</p> <p><u>Questions:</u> Village Hall Main Line: 262-664-7800 Option 3 Email: clerk@mtpleasantwi.gov</p>	<p>Village Clerk Recommends:</p> <p>Approve: _____ Deny: _____</p> <p>License Number _____</p> <p>Date: ____ / ____ / ____</p>	<p>Date Received Stamp</p>
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