

**VILLAGE OF MAZOMANIE**  
**APPLICATION TO SERVE FERMENTED BEVERAGES AND**  
**INTOXICATING BEVERAGES**

NOTICE – Failure to provide complete information, providing false information or any form of misinformation submitted on this application are grounds for rejection or revocation of this license.

Applicants by their signature acknowledge that they are a citizen of the United States and are familiar with and will abide by the laws and ordinances governing this license and that they have met all the requirements of the license applied for including the completion of a certified alcohol server's course. An online alcohol server's course is available at <http://www.dor.state.wi.us/training/index.html>. The name of the course is Learn2Serve.

All applicants are subject to periodic police background checks and information discovered may be made public in public meetings or hearings.

Successful applicants must have their license posted in plain view and are subject to inspection while employed under the conditions of this license. Operators engaged in illegal activity may affect the suitability of the bartender/operator to hold the license. Being intoxicated while operating under this license or allowing an unqualified or impaired person to work under your license may make the bartender/operator and business owner subject to license suspension or revocation.

Bartender/Operator's Licenses expire annually on June 30 of any given year unless otherwise stated for provisional or temporary licenses.

The Village Board is not obligated to act on any application that is not fully completed.

PRIMARY EMPLOYER OR ORGANIZATION WHERE LICENSE WILL BE POSTED: \_\_\_\_\_

VILLAGE OF MAZOMANIE: RENEWAL LICENSE: \_\_\_\_\_ NEW LICENSE: \_\_\_\_\_

If this is a Village of Mazomanie renewal license, when and where was your last license issued?

\_\_\_\_\_

Have you ever had an operator's license voluntarily surrendered or revoked anywhere? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and when? \_\_\_\_\_

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Alias or Maiden Name(s): \_\_\_\_\_ Phone Number (with area code): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_

**CRIMINAL RECORD: LIST ANY AND ALL MISDEMEANOR AND FELONY ARRESTS, CONVICTIONS, AND TRAFFIC VIOLATIONS, THE DATES AND JURISDICTIONS OF OCCURRENCE. ALSO INDICATE WHETHER OR NOT THE INCIDENTS ARE ALCOHOL OR DRUG RELATED. FAILURE TO DISCLOSE ANY OF THE ABOVE CAN OR WILL RESULT IN DENIAL OF LICENSE. IF NONE, PLEASE INDICATE NONE. (The web site <http://wcca.wicourts.gov/index.xsl> may assist you in verification of any records.) (Use additional pages, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST RESIDENCES: List all previous residences and dates of residence (past 10 years):**

Date: \_\_\_\_\_ Residence: \_\_\_\_\_

Date: \_\_\_\_\_ Residence: \_\_\_\_\_

Date: \_\_\_\_\_ Residence: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, WI,

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

Date: \_\_\_\_\_

My commission expires \_\_\_\_\_