



Village of West Milwaukee License No.: _____
APPLICATION FOR LICENSE TO SERVE FERMENTED MALT
BEVERAGES AND INTOXICATING LIQUORS
LICENSE PERIOD: July 1, 2023, through June 30, 2025

PROVISIONAL: \$15.00 **REGULAR: \$50.00** **TEMPORARY: \$10.00**
 After June 30, 2024 – Fee \$30.00

I hereby respectfully make application to the Village of West Milwaukee to serve fermented malt beverages and intoxicating liquors, subject to all limitations imposed in Sections 125.17, 125.32(2), and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereof, 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.

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (Please Print Clearly)

Applicant's Name: _____ (_____)
 Last First Middle Maiden

Home Address: _____
 Street City, State Zip

Email Address: _____

Home Telephone Number: _____ Birth Date: _____ Sex: _____

Driver's License Number: _____ Other ID (Type and Number): _____
 (Use only if applicant does not have a D.L.)

Employer: _____
 (Where you will be working as a beverage operator)

Have you held an operator's license within the past two years? _____ Where? _____

Have You Completed an Alcohol Beverage Training Course? _____ Where? _____ Year: _____

If you have not completed an Alcohol Beverage Operator Training course, and/or you wish to begin bartending immediately, you must also apply for a PROVISIONAL License, which is valid for up to 60 days. You are only allowed one provisional license per year. In order to receive your REGULAR operator's license, you must complete the training course and furnish a copy of "Certificate of Completion" to the Village of West Milwaukee. If you apply for a provisional, you must also apply for a regular license.

CHECK THE APPROPRIATE ANSWER TO THE FOLLOWING QUESTIONS:

Have you ever been convicted of any of the following alcohol beverage related offenses?

1. Selling to an underage person during the past 5 years?..... Yes No
2. Permitting an underage person to loiter on licensed premises during the past 5 years?..... Yes No
3. Convicted of selling to an intoxicated person during the past 5 years?..... Yes No
4. Convicted of selling after hours during the past 5 years?..... Yes No
5. Convicted of selling without a license during the past 5 years?..... Yes No
6. Convicted of underage drinking or any other part of Chapter 125 of the State Statutes during the past 5 years?..... Yes No
7. Convicted of any offenses related to activities performed while bartending within the past 5 years?..... Yes No
8. Within the past 5 years have you been convicted of the manufacture, distribution or delivery of a controlled substance **OR** convicted of possession with intent to manufacture, distribute or deliver a controlled substance?..... Yes No
9. Have you been convicted of driving under the influence of any alcohol or controlled substance during the past 5 years?..... Yes No
10. Have you been convicted within the past 5 years of any felony, misdemeanor or other non-traffic law or civil ordinance Not listed above?..... Yes No
11. Are there any pending charges against you involving the types of activities listed in the questions above?..... Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MUST COMPLETE THE FOLLOWING INFORMATION

CONVICTION DATE	NAME OF COURT	OFFENSE	DISPOSITION

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The undersigned, being first duly sworn on oath, says that he/she is the person who made and signed this application for a beverage operator's license and that all statements made are true and correct. I understand that incomplete disclosure or any false statements on this application can be cause for denial of the license for which I am applying.

Signature of Applicant

Date

Subscribed and sworn before me this

This application serves as a PROVISIONAL or TEMPORARY license if validated below:

_____ Day of _____ 20 _____

{SEAL}
Village of West Milwaukee, Wisconsin

Notary Public, State of Wisconsin

My commission expires: _____

For Office Use Only

Clerk's Department:	License Fee \$ _____	Date Received: _____
	CIBR Fee \$ 7.00	Received by: _____
	Photo Fee \$ _____	Receipt Number: _____
TOTAL PAID \$ _____	Delinquent Taxes, Assessments, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Police Department Background Investigation					
Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Convictions for OWI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	_____
Outstanding Warrants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency: _____	CIBR:	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAT ID NO: _____
WMPD Master Name Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, attach CAD Call(s).	
Shared Master Name Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Agency Name: _____	
Overdue Muni/Traffic Citations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total amount due:	\$ _____		
Overdue Parking Citations by 28 days or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, total amount due:	\$ _____		
Background Check Completed by:	_____			Date:	_____

Police Department Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
By: _____	Date: _____	
Police Chief or Designated Command Officer		
Remarks: _____		

Village Board Action:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Date: _____	Date License Mailed: _____	