

OPERATOR'S LICENSE

— TO SERVE FERMENTED MALT BEVERAGES
& INTOXICATING LIQUOR



Fee: \$50

Permit No.: _____ Date Issued: _____

EMPLOYER INFORMATION

Name & Address of Employer:

Date of Application :

D D M M Y Y Y Y

Application Type : Renewal New

New Applicants: Application must be submitted with a copy of driver's license/ID for background check purposes AND training certification

OPERATOR INFORMATION

Full Name : _____

Phone Number : _____ Date Of Birth :
D D M M Y Y

Full Address : _____

Municipality : _____ Postcode : _____

Driver's License Number : _____ E-Mail : _____

Have you ever been convicted of a felony? : Yes No

Date & Nature of offense : _____

I certify that I am a United States citizen and have been a resident of the State of Wisconsin continuously since _____.

Contact for pick-up : email (provide above) Phone

I, the undersigned, do hereby make an application to the Village of Whitefish Bay for an Operator's License to serve or sell fermented malt beverages and intoxicating liquors subject to Wisconsin State Statutes and Village of Whitefish Bay Ordinances. I authorize the Village of Whitefish Bay to conduct a background check to verify the information provided and authorize the release of all information regarding my record.

Applicant Signature : _____

By signing, applicant confirms accuracy of all information represented herein

More Information : 5300 N Marlborough Dr., Whitefish Bay, WI 53217
414-962-6690 (Office) / e.granstrom@wfbvillage.gov
www.wfbvillage.gov

THANK YOU FOR YOUR APPLICATION