

**Fermented Malt Beverages & Intoxicating Liquors
VILLAGE OF FALL RIVER**

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all amendments or supplements thereto, and I hereby agree to comply with all the laws, resolutions, ordinances and regulation – federal, state or local – affecting the sale of such beverages and liquors, if a license is granted to me. I understand that the license shall be valid from the date of issuance by the Village of Fall River until June 30, _____.

I certify that I am _____ years of age. My date of birth is _____.

ALL RESPONSES MUST BE TRUE, CORRECT AND COMPLETE.

Name _____
Last First Middle

Address: _____

Phone # _____

Previous Address: _____
(If less than one year at present address)

Have you ever held an operator's licenses before? _____
If yes, Where? _____

Have you completed the State of Wisconsin Bartender Awareness Course ____ Yes ____ No
If yes, you must provide a certificate of completion. If no, you must complete the course and provide certification within 60 days.

Have you ever been convicted of **ANY** crime, ordinance violation, alcohol or traffic violations? (Be sure to include criminal traffic offense (s) or any OWI (operating while intoxicated) violations(s), or **any other** alcohol related offenses(s).

_____ Yes _____ No If yes, list the charges:
Charge _____ Where? _____ Date _____
Charge _____ Where? _____ Date _____
Charge _____ Where? _____ Date _____

(If additional space is needed please use the back of this application)

I hereby authorize the Village of Fall River Police Department to conduct an investigation into the facts presented on my operator's license application. I understand that FALSE, MISLEADING OR INCOMPLETE information may result in rejection of my application. I have read and understand the Village guidelines provided to me.

Printed name of Applicant

Signature of Applicant

Name of Establishment where working

Date application submitted

.....
This section for Fall River Police Department

I certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the facts as stated above by the applicant **are / are not** correct, true and complete. I **object / do not object** to the issuance of an operator's license for the applicant.

Signature of Fall River Police Chief or Officer

Date