Village of West Milwaukee **License No.: _____**

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

LICENSE PERIOD: July 1, 2025, through June 30, 2027

☐ **PROVISIONAL: $15.00** ☐ **REGULAR: $50.00** ☐ **TEMPORARY: $10.00**

After June 30, 2026 – 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

_____ Day of _____ 20 _____

Notary Public, State of Wisconsin

My commission expires: _____

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

{SEAL}
Village of West Milwaukee, Wisconsin

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.?** ☐ **Yes** ☐ **No**

Police Department Background Investigation

Driver's License? ☐ Yes ☐ No Prior Convictions for OWI ☐ Yes ☐ No Dates: _____

Outstanding Warrants? ☐ Yes ☐ No Agency: _____ CIBR: ☐ Yes ☐ No STAT ID NO: _____

WMPD Master Name Contacts? ☐ Yes ☐ No Alcohol Related? ☐ Yes ☐ No If YES, attach CAD Call(s).

Shared Master Name Contacts? ☐ Yes ☐ No Alcohol Related? ☐ Yes ☐ No If YES, Agency Name: _____

Overdue Muni/Traffic Citations? ☐ Yes ☐ No If Yes, total amount due: $ _____

Overdue Parking Citations by 28 days or more? ☐ Yes ☐ No If Yes, total amount due: $ _____

Background Check Completed by: _____ Date: _____

Police Department Recommendation: ☐ Approve ☐ Deny

By: _____ Date: _____
Police Chief or Designated Command Officer

Remarks: _____

Village Board Action: ☐ Approve ☐ Deny

Date: _____ Date License Mailed: _____

ADOPTED JANUARY 8, 2000
REVISED SEPTEMBER 9, 2009