

License Fee: See below

Application Date: _____

Village of Oostburg "Operator's" (Bartender's) License Application



For the license period beginning _____, and ending June 30, _____.

Type of Permit:

New (\$40.00)

Renewal (\$15.00)

(New licenses require background check)

APPLICANT	LICENSED PREMISES WHERE THIS LICENSE WILL BE USED
Name: _____	Trade Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: Oostburg, WI 53070
Phone: () _____	Phone: () _____
Email: _____	Fax: () _____
Date of Birth: _____	Email: _____
Social Security #: _____	Owner's Name: _____

Driver's License #: _____

Any other names by which known other than name as specified above (*maiden, nicknames and aliases*):

Have you ever been convicted of a felony? If "yes" provide details of date, place and conviction:

Have you ever been refused an "Operator's" (Bartenders) license or had one revoked? If "yes" provide details of date, place and reasons:

Information in red is required, everything else is helpful.

To the Village Board of the Village of Oostburg, Sheboygan County, Wisconsin,

The undersigned, hereby makes application to serve, from the date hereof until and including the 30th day of June, _____, (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to all the limitations imposed by Section 125.17 of the Wisconsin Statutes and Ordinances of the Village of Oostburg and all acts amendatory thereof and supplementary thereto, and hereby agree to comply will 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. I understand that I must provide written proof that I have

completed a Responsible Beverage Service class. I also understand that the Sheboygan County Sheriff, on behalf of the Village of Oostburg, will conduct a background check and I give my permission to the Sheriff, its agents, and designees to conduct such a background check and do anything necessary to complete the same.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued. I further acknowledge that the Sheriff will be conducting a thorough background check and that these results will be a condition of approval.

Signature of Applicant (*must be notarized*)

Dated

STATE OF WISCONSIN
Sheboygan County

NOTARY SEAL

Subscribed and sworn to before me this

_____ day of _____, 2_____.

Notary Public, State of Wisconsin

My Commission expires: _____

This Application must be accompanied by:

1. Check made out to the "Village of Oostburg" for the application fee (\$40.00 for new application, \$15.00 for a renewal)
2. Written proof of completion of a Responsible Beverage Service class. (A copy is fine)

OFFICE USE ONLY

Received Application:

Application to Board:

Permit Fee Paid: \$

Receipt Number:

Date Issued:

Permit Number:

BACKGROUND CHECK RESULTS

Sent to Sheriff:

Returned from Sheriff:

C.I.B. Criminal History:

Record:

D.O.T. Drivers File:

Record:

Sheriff's Dept.:

Record: