

# Village of Bagley

## Application for Operator's License (Bartender's License)

*For the licensing period of: July 1<sup>st</sup>, 20\_\_ to June 30<sup>th</sup>, 20\_\_*

If you would like your Operator's License sent to a establishment in the Village of Bagley (common if they are paying for your license), please list the establishment: \_\_\_\_\_

To the Village Board of the Village of Bagley, Wisconsin:

*I hereby apply for a License to serve, from date hereof to **June 30, 20\_\_**, inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, 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:

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this application new or renewal?

New    Renewal

Have you completed an approved "Responsible Beverage Services" course?

Yes    No

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Yes    No

Have you been convicted of any **felony** in the State of Wisconsin or of the United States?

Yes    No

Have you been convicted of **violating any law** in the State of Wisconsin or of the United States?

Yes    No

**\*\*\*\*\* If Yes to any of the last 3 questions above please list below \*\*\*\*\***

Date of Conviction: \_\_\_\_\_ Name of Court: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

All applicants have the right to have their application discussed in a Closed Session at the Village Board Meeting. If unchecked, any discussion on this application will take place in open session (with the public in attendance) of the Village Board Meeting.

Please check here if you want any discussion of your application to be conducted in a Closed Session \_\_\_\_\_

### STATE OF WISCONSIN, GRANT COUNTY

*By signing below, the applicant affirms that all statements made by the applicant are true and the applicant has complied with the requirements for obtaining an Operator's License.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PO Box 116, Bagley, WI 53801 • Ph: 608-996-2195 • villageofbagley@gmail.com

### CLERK USE ONLY:

Application Received		Approved by Village Board	
Payment Received		Licensed Issued	