

**VILLAGE OF HOLMEN  
OPERATOR'S LICENSE APPLICATION**

**NEW APPLICATION**       **RENEWAL APPLICATION**       **PROVISIONAL APPLICATION**

Date: \_\_\_\_\_ Fee:  \$30.00 1 year     \$15.00 60 days

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
          **First**                      **Full Middle**                      **Last**

**All Previous Names/Last Names**      **List Above**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Sex: (M / F)    Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Application for what business? \_\_\_\_\_

**COPIES REQUIRED:**

- Driver's license
- Certificate from "Responsible Beverage Server's Training Course"

**Have you ever been arrested for a crime? List all arrests (exclude minor traffic offenses)**

Charge: \_\_\_\_\_ Month & Year of Arrest: \_\_\_/\_\_\_ City \_\_\_\_\_ State: \_\_\_

Charge: \_\_\_\_\_ Month & Year of Arrest: \_\_\_/\_\_\_ City \_\_\_\_\_ State: \_\_\_

Charge: \_\_\_\_\_ Month & Year of Arrest: \_\_\_/\_\_\_ City \_\_\_\_\_ State: \_\_\_

Please circle one

<b>Have you ever been charged with or convicted of a felony?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have any criminal or ordinance charges pending against you currently?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any county, city, village or town?</b>	<b>Yes</b>	<b>No</b>
<b>Have you lived in any state other than Wisconsin in the last 5 years, if so please list where and when:</b>	<b>Yes</b>	<b>No</b>

Have you ever been convicted of any alcohol beverage-related offenses, including any of the following, as a juvenile or an adult?

- |  |     |    |
|--|-----|----|
| 1. Illegal purchase, sale or providing of intoxicating liquor or beer?   | Yes | No |
| 2. Violation of closing hours at a licensed premise?   | Yes | No |
| 3. Any other violation of laws pertaining to alcoholic beverages?  | Yes | No |
| 4. Disorderly conduct or criminal damage to property that occurred at a licensed establishment?  | Yes | No |
| 5. Obstruction of a police officer while on a licensed premise for the sale of alcoholic beverages?  | Yes | No |
| 6. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (WI §346.63)? | Yes | No |
| 7. Open container alcohol violation?   | Yes | No |
| 8. Underage possession/consumption?  | Yes | No |

Providing false or failure to report information can be a reason for license denial. By completing and signing this application, you are authorizing the Village of Holmen to conduct an investigation into your background for the purpose of verifying your suitability to be issued a license by the Village of Holmen. Further, your signature releases the Village of Holmen, its agents and persons providing information from all civil liability regarding the release and receipt of your background information.

By my signature I certify that the information contained is complete and accurate to the best of my knowledge, and I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by WI §,Section 125.32(2) and 125.68(2) and all acts amendatory and supplementary of those sections, 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 is granted to me.

Signature: \_\_\_\_\_  
(applicant)

State of Wisconsin §  
La Crosse County

\_\_\_\_\_ being first duly sworn on oath says that he/she is at least eighteen years of age, is of good character, and is the person who made and signed the foregoing application for an Operator's License; and that all the statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of person authorized to administer oaths)

\_\_\_\_\_  
(Official Title)

Or:  
Organization Agent Witness Signature \_\_\_\_\_

Village of Holmen Police Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that the Village of Holmen Police Department declares any objection to the issuance of the license, the applicant shall discuss the issue directly with the Police Chief.