Village of Campbellsport, PO Box 709, Campbellsport, WI 53010
http://www.campbellsport.govoffice.com/ – (P) 920-533-8321 (F)920-533-5298

APPLICATION FOR OPERATOR'S LICENSE

Request: ❑ Renewal-$30.00 ❑ New-$35.00

LAST NAME	FIRST NAME	M	DATE OF BIRTH
DRIVERS LICENSE NUMBER		STATE	EXPIRATION DATE

HOME ADDRESS	CITY	STATE	ZIP
DAYTIME PHONE (Include Area Code)	E-MAIL		
PLACE OF EMPLOYMENT	EMPLOYER PHONE (Include Area Code)		

I certify that:

- I have held an operator's, premises or manager's license within the past two years (***if in another municipality other than the Village of Campbellsport, proof is required***), have completed the "Responsible Beverage Server's Training Course" (***certificate is required***)
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.

Have you ever been convicted of a felony? ❑ **No** ❑ **Yes**

If so, state date, nature of offense and location:

Date	Nature of Offense	Location: City, County and State

Have you been arrested or cited for any other offenses? ❑ **No** ❑ **Yes**

If so, state date, nature of offense and location:

Date	Nature of Offense	Location: City, County and State

I do hereby make application for an operator's license from the date hereof to June 30, 20___, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes and Campbellsport Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this _____ day of _____, 20___.

Notary Public _____ Applicant's Signature _____

County _____

Commission Expires _____

FOR OFFICE USE ONLY		
Receipt #	License # (New/Renewal)	Disposition of Investigative Check