



Temporary Operator's License Application

Sec. 4-56 of Village of Jackson Municipal Code

New Applicants - Must provide a copy of their driver's license/state issued ID and WI Dept. of Revenue approved Responsible Beverage Service Court Certificate of Completion.

Renewal Applicants - Must provide a copy of their driver's license/state issued ID
License Fee - \$10.00

APPLICANT INFORMATION

Full Name

Previous Name(s) Used

Address

Phone Number E-Mail

Date of Birth Do you currently hold a Village of Jackson operator's license? Yes No

Have you held an operator's license in another municipality within the last two (2) years? Yes No License No.

RESIDENCE HISTORY List your complete residence history for the last five (5) years. Use additional pages to list all addresses, if necessary.

Dates at Address	Address
<input type="text"/>	<input type="text"/>

CRIMINAL HISTORY List all (including pending) felony, misdemeanor, and municipal convictions within the past (5) years from this or any other state, county, or municipality.

Date	Location	Charge
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Operator's License Application

Chapter 4, Article II, Division 2 Village of Jackson Municipal Code

APPLICANT'S ACKNOWLEDGEMENT Please read thoroughly before signing and dating.

- I hereby apply for a temporary license to serve fermented malt beverages and/or intoxicating liquor, from the date the license is approved until the date of expiration, not to exceed 14 days, unless sooner revoked, subject to limitations imposed by Wisconsin Statute and Village of Jackson Municipal Code, and all acts amendatory thereof and supplementary thereto.
- I am aware the application fee is non-refundable if the license is not granted and payment is due at the time of application. I understand I am only able to hold one temporary operator's license per year, per Wis. Stats. §125.17.
- I hereby understand that an operator's license is a privilege, not a right, and that the application must be filled out accurately, honestly, and completely. Failure to do so may result in the denial of this application.
- I authorize a review of, and full disclosure, of any and all records, files, and reports which include any police contacts and/or arrests.

Applicant Signature & Date

CLERK - OFFICE USE ONLY

Date Received Date to Police Department for Background Check

Payment Information

Approved/Denied Clerk Signature & Date

License No. Expiration Date

POLICE DEPARTMENT - OFFICE USE ONLY

Date Background Check Completed Approved/Denied

Chief Signature & Date

Additional Comments