



# Operator's License Application

**Chapter 4, Article II, Division 2 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 Course Certificate of Completion.  
**Renewal Applicants** - Must provide a copy of their driver's license/state issued ID  
**License Fee** - \$43.00 + \$12.00 Background Check = \$55.00

## APPLICANT INFORMATION

Full Name

Previous Name(s) Used

Address

Phone Number  E-Mail

Date of Birth  Place of Employment in Jackson

Do you currently hold a Village of Jackson operator's license? Yes  No  Current VOJ License No.

Have you held an operator's license in another WI municipality within the last two (2) years? (please provide copy) Yes  No  If Yes, What Municipality?

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

- I hereby apply for a license to serve fermented malt beverages and/or intoxicating liquor, from the date the license is approved until June 30th of the licensing year applied for, 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 there is no proration of fee for a partial year.
- I have taken the Responsible Beverage Service Course Certification and provided the certificate, or have held an operators license within a WI Municipality in the past two years and have provided a copy of that License.
- I hereby understand that an operator's license is a privilege, not a right, and that the application must be completed accurately and honestly. 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.
- I have included a copy of my valid Wisconsin Driver's license or Wisconsin State Issued ID with this application.

Applicant  
Signature  
& Date

### CLERK - OFFICE USE ONLY

Date Received  
by Clerk

Date to Police Department  
for Background Check

Payment  
Information

Date  
Approved/Denied

Clerk Signature  
& Date

VOJ License  
No.

Expiration Date  
of Operator Lic.

### POLICE DEPARTMENT - OFFICE USE ONLY

Date Background Check  
Completed

Date  
Approved/Denied

Chief Signature & Date

Additional Comments