

Village of Luck

P.O. BOX 315
Luck, WI 54853
715-472-2221

OPERATOR'S LICENSE APPLICATION

NAME: _____
First, Middle, Last (as on your driver's license)

AGE: _____ DATE OF BIRTH: _____
Month, Day, Year

CURRENT ADDRESS: _____
Street City State

DATE: _____ EMPLOYER: _____

HAVE YOU EVER BEEN CONVICTED OF AN ALCOHOL OR DRUG RELATED OFFENSE? _____
(DO NOT LIST ANY CONVICTIONS IF YOU WERE 17 OR YOUNGER)

WHEN: _____ WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

WHEN: _____ WHERE: _____

HAVE YOU HELD AN OPERATOR'S LICENSE IN THE PAST TWO YEARS? _____

WHEN: _____ WHERE: _____

HAVE YOU TAKEN A RESPONSIBLE BEVERAGE SERVERS CLASS? _____ WHEN? _____

I hereby apply for a license to serve, from date here to June 30, 2009, Fermented Malt Beverages and Intoxicating Liquors, subject to all limitations imposed by Section 125.32(2) and 125.68(2) of the Wisc. Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

APPLICANT'S
SIGNATURE: _____ DATE: _____



FEE PAID: _____/RECEIPT #: _____/OPERATOR #: _____

POLICE RECORD CHECK DONE BY: _____ DATE: _____

LICENSE GRANTED BY LUCK VILLAGE BOARD ON (DATE): _____

LICENSE REVOKED BY LUCK VILLAGE BOARD ON (DATE): _____

REASON: _____