VILLAGE OF CROSS PLAINS
OPERATOR LICENSE APPLICATION

License Type
◯ New
◯ Renewal

License Period
◯ 7/1/2023 - 6/30/2024 ($50)
◯ 7/1/2023 - 6/30/2025 ($90)

Filling out your application:

- An Operator's License is a privilege, not a right. Any false answers or ommissions may result in denial of your application.
- The Village of Cross Plains will perform a background check to verify that the information you provided is complete and accurate.
- This application must be filled out accurately and completely. **All fees are non-refundable.**

Last Name _____ First Name _____ MI _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP _____

Former Names or Aliases _____ Phone Number _____ Driver's License # _____

Establishment where you will use this license _____ Contact Person & Phone Number _____

Have you completed a responsible alcohol server course? YES NO
If yes, where? _____ Copy of certificate of completion must be attached

Have you been arrested for any crime within the past 7 years? YES NO
If yes, for what, date, county, and issuing agency? _____
Have you been convicted of any crime within the past 7 years? YES NO
If yes, for what, date, county, and issuing agency? _____
Are there pending criminal charges against you? YES NO
If yes, for what, date, county, and issuing agency? _____
Have you ever been issued a village, city, or county ordinance citation involving any of the following:
drugs, disorderly conduct, resisting/obstructing arrest, or assaultive behavior YES NO
If yes, for what, date, county, and issuing agency? _____

Have you been arrested for or convicted of any alcohol-related offenses within the past 7 years? Y / N
(Offenses may include, but are not limited to: operting a motor vehicle while intoxicated, underage drinking, procuring alcohol to under-age persons, open intoxicants, etc.) If so, please explain:

_____

I attest that the above information is true and correct and that any false or incomplete information may result in denial of my application.

Applicant's Signature _____ Date of Application _____