



## Renewal applicants can skip questions 1-6

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|--|-----|----|
| 1. Have you successfully completed a Responsible Beverage Service Course in Wisconsin within the last two (2) years? ( <i>Attach certificate of completion</i> )               | Yes | No |
| 2. How long have you continuously resided in Wisconsin? _____  |     |    |
| 3. Have you EVER been convicted of any felony, misdemeanor, ordinance or traffic violations?<br>If yes please explain _____  | Yes | No |
| 4. Are there any pending criminal charges against you?<br>If yes please explain _____  | Yes | No |
| 5. Are there any pending drug/alcohol related offences against you?<br>If yes please explain _____   | Yes | No |
| 6. Have you been convicted of drug/alcohol related offences in the last 5 years?<br>If yes please explain _____  | Yes | No |
| 7. <b>Renewal Applicants:</b> Since your last application have you had any felony, misdemeanor, ordinance, criminal charges, or drug/alcohol offenses?<br>If yes explain _____ | Yes | No |

**ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE.**  
**Please check this web site if you are unsure: <https://wcca.wicourts.gov/index.xsl>**

I, the undersigned, affirm that I made complete and true answers to each question, and understand my past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check and criminal history background check by the Spring Valley Police Department. I give permission to make my juvenile records available for this application.

Please Note: Application must be signed in the presence of the Village Clerk.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Please note:** If your license is approved, you will be contacted when it is ready to be picked up at the Village Office. You will have 3 business days to pick it up. If you are caught bartending without having a license in your possession, you can be fined.

\_\_\_\_\_  
*Clerk Signature*

Police Department Review     Recommend Approval \_\_\_\_\_    Recommend Denial \_\_\_\_\_

Reason for Denial:  
 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Reviewing Officer/Chief*

\_\_\_\_\_  
*Date*