

## VILLAGE OF CALEDONIA

### TO: Applicants for Operator Licenses

The application for a new, renewal, provisional, or temporary Operator License asks questions regarding past convictions or arrests under Local, State or Federal Laws, either as adult or juvenile. These questions must be answered truthfully. **Please read these questions carefully.**

**A background check will be performed on all applicants.** Should we find your information is not correct, this could be grounds to deny your license. The Village Board has adopted the "Parameters for Denial of Operator Licenses" as a guideline for license denials. If you have been convicted of any of the offenses listed, your application may be denied. If you have any questions about this, please ask before completing the application.

### **PARAMETERS FOR DENIAL OF OPERATOR LICENSES**

1. Applicant fails to provide complete, accurate & truthful information. You cannot re-apply until a period of 60 days has elapsed from the date of application.
2. Two or more convictions within the 2-year period preceding the date of application of:
  - Possession of false identification.
  - Underage consumption/possession of alcohol.
  - Furnishing or sale of alcohol to minors.
  - Any other offense related to the illegal sale of alcohol beverages.
  - Conviction of any substance abuse violation. Conviction of a first-time operating under the influence of a controlled substance.
  - Sale of alcohol beverages to an intoxicated person.
  - Sale of alcohol beverages or keeping a licensed premises open after closing hours.
  - Sale of alcohol beverages without a license.
  - Conviction of any crime or ordinance involving Local, State or Federal laws.
3. The applicant has been convicted within the 5-year period preceding the date of application of:
  - The applicant has been convicted within the 5-year period preceding the date of the application of a non-alcohol related misdemeanor offense which is substantially related to the licensed activity with respect to which a license is requested. Examples of such substantially similar activity include the following: gambling, drug offenses under Wis. Stat. §961.41, disorderly conduct upon a licensed premises, or battery upon a licensed premises.
  - Disorderly conduct or battery where alcohol has been involved.
  - Any other alcohol related criminal or ordinance offense.

Any person denied a license may appeal the decision. The request will be made through the Village Clerk's Office and will be forwarded for review to the Committee of the Whole. **IF YOUR APPLICATION SHOULD BE DENIED, FEES ARE NON-REFUNDABLE.**

**Fee Schedule**

|         |                             |
|---------|-----------------------------|
| \$40.00 | New or Renewal              |
| \$10.00 | Provisional (New required)  |
| \$10.00 | Temporary (Non-Profit only) |
| \$ 5.00 | Replacement                 |

Receipt No. \_\_\_\_\_  
 License No. Issued \_\_\_\_\_  
 Provisional No. Issued \_\_\_\_\_  
 §7-2-7 (i) \$\_\_\_\_\_ Initials\_\_\_\_\_

**Village of Caledonia  
 Application for License to Serve Fermented Malt Beverages and  
 Intoxicating Liquors**

**New**  **Renewal**  **Provisional & New**  **Temporary** (For non-profits only)

I hereby apply for a License to serve, from date hereof to June 30, 20\_\_ inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am \_\_\_\_\_ years of age. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home/Cell Phone #: \_\_\_\_\_

Place of employment for which you are applying \_\_\_\_\_

Driver License #: \_\_\_\_\_ Email \_\_\_\_\_

**Answer the following questions fully and completely:**

Name of Applicant \_\_\_\_\_  
   First  Middle  Last

Address of Applicant \_\_\_\_\_  
   Street Address  City  State  Zip Code

• As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Yes  No

**CRIMINAL HISTORY BACKGROUND CHECK WILL BE COMPLETED AS PART OF THIS APPLICATION PROCESS. THIS MAY TAKE UP TO TEN (10) DAYS TO COMPLETE.**

1. Have you been **convicted of any misdemeanor or felony**? Yes  No
2. Have you been **convicted of violating any license or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors**? Yes  No

*If you answered yes to either of the above, explain each conviction in detail below including the date of offense, the date of either the charge or conviction, the nature of the violation, where the offense was committed (city, county, state), and the law enforcement issuing the charge.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Applicant signature**