	Village of Johnson Creek					125 Depot St, PO Box 238	
	Operator License Application					Johnson Creek WI 53038 P: 920-699-2296	
Johnson Oreek		ne 30 Yearly- Fees Non-Refundable				vi.johnsoncreek.wi.gov	
Circle: New (\$45) Renewal (\$45) Provisional (\$20) Fees include any applicable background check charges.						Total Fee: \$	
Full Legal Name: Former Name(s):							
Driver's License #: Date of Birth:/_ Copy of driver's license MUST be attached to application						/	_
Phone Number: Email Address:							
Street Address: City/State/Zip:							
Prior Street Address (if above address is less than 5 years)			City	State	ZIP	From	То
List establishment(s) where you intend to use this license, if approved:							
Have you ever been convicted of a felony? YES NO							
Within the past five (5) years, h	•	sted for, receive	d a summons	to appear in co	ourt for, or	forfeited a bo	nd for any of
the following? If uncertain, che	eck WI Circuit Court	t Access at http:	//wcca.wicour	ts.gov			
a) Any underage alcohol violation?						YES	NO
b) Operating a motor vehicle while intoxicated?						YES	NO
c) Selling or furnishing alcoholic beverages to underage person?						YES	NO
d) Permitting underage person on licensed premises?						YES	NO
e) Allowing persons on licensed premises after closing?						YES	NO
f) Any alcohol related violation other than a, b, c, d and e?						YES	NO
g) Sale or possession of drugs of any kind?						YES	NO
h) Fighting, disorderly conduct, assault or battery?						YES	NO
i) Resisting arrest or obstructing an officer?						YES	NO
j) Any crime or ordinance violation not listed above other than traffic or parking tickets? YES NO							
For each "YES" in #3, identify all violations on the following lines. Attached additional sheets if needed or continue on back.							
Type of Arrest, Summons, Violation or Charge Month/Year City State							
Type of Arrest, summons, violation of Charge wonth / fear						City	State
			falles de se				
Within the last two (2) years, did you have or complete one of the following:							
Successfully completed a Responsible Alcohol Servers Course							
*New applicants must provide pr	oof of course or copy	<pre>/ of previous licer</pre>	nse held.				
Certification: I, the undersigned, do he part of this application. I understand t constitutes sufficient reason for reject Federal, State and Local, pertaining to	that I am subject to a cri tion, denial, non-renewa the sale of such bevera	minal history backg al, or revocation of ages and liquors, an	round check. I un my license. I am d if granted said I	nderstand that an familiar with all l	inaccurate, r aws, resolutio	nisleading, or false ons, ordinances an	e answer nd regulations,
understand that this license is only va			k.				
Applicant Signature:				Date:			
License #: Prov Date Paid: Amo	v. Lic #:	_			APPROVE		DENY
Date Paid: Amo	unt: \$	Cash/Check#: _					
Clerk-Treasurer's Office Signature		Date		Police Depar	tment Signatu	re Da	nte