

**Village of Theresa  
Operator's License Application to Serve/Sell  
Malt Beverages and Intoxicating Liquor**

Date of Application \_\_\_\_\_

License No. \_\_\_\_\_

Date/Amount Paid \_\_\_\_\_

Receipt Number \_\_\_\_\_

I, the undersigned, hereby apply, to the Village of Theresa, for a license to serve fermented malt beverages and intoxicating liquor, subject to the limitations imposed by WI Statutes 125.32(2) and 125.68(2) 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.

**PRINT CLEARLY AND ANSWER ALL QUESTIONS**

1. Is this a: \_\_\_\_\_ NEW LICENSE or \_\_\_\_\_ RENEWAL LICENSE.  
 \_\_\_\_\_ One Year License (\$20) \_\_\_\_\_ Two Year License (\$30)  
**\$ 7.00 fee for background check also due upon submission of application**
  
2. Are you also applying for a PROVISIONAL LICENSE? \_\_\_\_\_ NO \_\_\_\_\_ YES
3. Are you applying for a TEMPORARY LICENSE? \_\_\_\_\_ NO \_\_\_\_\_ YES
4. Establishment under which you are applying for license: \_\_\_\_\_
5. NAME: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 WI Driver's License Number \_\_\_\_\_ If other state, where \_\_\_\_\_
6. Have you **EVER** been convicted of a felony? \_\_\_\_\_ NO \_\_\_\_\_ YES  
 If yes, please list conviction date, court of jurisdiction and type of violation.  
 \_\_\_\_\_
7. Have you **EVER** been convicted of violating a state law or ordinance pertaining to use of illegal drugs? \_\_\_\_\_ NO \_\_\_\_\_ YES  
 If yes, please list conviction date, court of jurisdiction and type of violation.  
 \_\_\_\_\_
8. Have you **EVER** been convicted of a sex-related crime? \_\_\_\_\_ NO \_\_\_\_\_ YES  
 If yes, please list conviction date, court of jurisdiction and type of violation.  
 \_\_\_\_\_
9. Have you **EVER** been convicted of any of the following alcohol related offenses?  

Operating motor vehicle while intoxicated	_____ NO _____ YES
Absolute sobriety (motor vehicle offense)	_____ NO _____ YES
Serving alcoholic beverages after hours	_____ NO _____ YES
Underage consumption/possession of alcoholic beverages	_____ NO _____ YES
Sale or delivery of alcoholic beverages to a minor	_____ NO _____ YES
Open intoxicants in a motor vehicle	_____ NO _____ YES

 If yes, please list conviction date, court of jurisdiction and type of violation.  
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