

PO Box 385
115 N. Center Street
Brandon, WI 53919

Village of Brandon



Phone: 920-346-5415
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To: Alcohol license applicants for the Village of Brandon

From: Corinne Vande Zande, Village Clerk

Subject: Background checks for license applicants

PLEASE READ THE INFORMATION CAREFULLY

The Village of Brandon is required by Village Ordinances and WI Statutes to do background checks on all alcohol license applicants. With that being said, you are advised of the following information: You will be required to fill out a form that asks you if you have been convicted of certain offenses. It is your responsibility to fill this form out accurately. You must obtain the information concerning your arrest records and note it appropriately on the form. You will need to sign the application, to be witnessed by a Notary Public, which makes this a sworn document.

You are hereby advised that any license issued contrary to Chapter 125 of WI Statutes shall be void, and under penalty of State law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Your license application will have a recommendation of denial from the Fond du Lac Sheriff's Department if it is found that the information is incorrect or otherwise inaccurate. Upon request, a copy of the adopted guidelines specifying reasons for denying, non-renewing, or revoking an operator's license, and how to appeal the denials to the Village of Brandon Village Board, shall be provided to each person who applies for a license.

If you have any question on what is required on the application, it is your responsibility to ask the Clerk prior to signing.

I have read the above information and understand the responsibilities associated with my alcohol license application.

Applicant Signature

Date

Notary Signature

Date

OPERATORS LICENSE APPLICATION

Select Type: **New Applicant** **Renewal \$37** **Provisional** (expires 60 days after issuance) – add **\$15**
(License fee is Non-Refundable) *(License fee is Non-Refundable)*

Please Print Clearly

TO THE VILLAGE BOARD OF THE VILLAGE OF BRANDON, WISCONSIN:

I hereby apply for a license to serve from the date hereof to June 30, 20___, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 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, of Local affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT:

Name of Applicant: _____

Driver's License No. & State: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Citizen of U.S.? Yes ___ No ___ **Phone No.** _____ **Email:** _____

Residence: List all residences for the past 10 years, begin with the present address.

Month & Year - From: _____ To: _____ Number & Street _____ City _____ State _____

Please list additional residences on the reserve side of the application.

Date of Birth: _____ **Maiden Name:** _____

List other first or last names you have gone by: _____

Name of Establishment you will be working at: _____

- Check One:** I have held an operator license within the past two years.
(If in municipality other than Village of Brandon, proof is required)
 I have completed the Beverage Service Training Course within the last two years (certificate required)

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED OF ANY ALCOHOL BEVERAGE RELATED OFFENSES INCLUDING ANY OF THE FOLLOWING, AS A JUVENILE OR AN ADULT?

- A. Illegal purchase, sale or providing intoxicating liquor or beer? Yes ___ No ___
- B. Violation of closing hours at licensed premises? Yes ___ No ___
- C. Any other violations of laws pertaining to alcohol beverages? Yes ___ No ___
- D. Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment? Yes ___ No ___
- E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages? Yes ___ No ___

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED, AS A JUVENILE OR ADULT, OF:

- A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (Wis. Stat. 346.63)? Yes ___ No ___
- B. Operating a motor vehicle while underage of 21 with a blood alcohol of more than .0% but not more than .1% (Wis. Stat. 346.63(2)(m))? Yes ___ No ___
- C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Wis. Stat. 346.935)? Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

DO YOU HAVE ANY CRIMINAL OR ORDINANCE CHARGES PRESENTLY PENDING AGAINST YOU? Yes ___ No ___

DO YOU PRESENTLY HAVE ANY OVERDUE OR OUTSTANDING FORFEITURES RESULTING FROM A VIOLATION OF AN ORDINANCE OF ANY COUNTY, CITY, VILLAGE, TOWNSHIP OR TOWN? Yes ___ No ___

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

Date	Nature of Offense	County	State

Please list additional convictions on the reverse side of application.

I authorize investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to Village Staff and the Village Board of the Village of Brandon.

I authorize the Village of Brandon to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

(State of Wisconsin)
(FOND DU LAC COUNTY)

_____, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; and all statements made by the applicant are true.

Subscribed and sworn to before me this _____ day of _____, 20____

* _____
SIGNATURE OF APPLICANT
(Sign Before a Notary)

Signature Commission Expiration _____ Notary Public

Date received and filed with Municipal Clerk:	Sheriff's Dept Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	License number and date issued:
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