



**Marathon City – Licensing  
Committee**

311 Walnut Street PO Box 487  
Marathon City, WI 54448  
(715) 443-2221

Application Accepted:	
Accepted by:	
Scheduled Review Date:	
Approval Date:	

**OPERATOR LICENSE APPLICATION**

To Serve Fermented Malt Beverages and Intoxicating Liquors

Applicant Name:	Phone Number:
Mailing Address:	
Email Address:	
Place of Employment (licensed facility name):	

GENERAL INFORMATION	
This is for: (Check Applicable) <input type="checkbox"/> New License <input type="checkbox"/> Renewal	
Have you completed the alcohol awareness course as required by WI Statute 125.17(6)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of any felony or violation of any law of the State of Wisconsin or of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, date of conviction:	Name of Court:
Nature of Offense:	
Have you been convicted of violating any license law or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, date of conviction:	Name of Court:
Nature of Offense:	
Have you been issued and subsequently had revoked an Operator' license in the State of Wisconsin or the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, date of revocation:	Issuing Municipality:
Nature of Offense:	
If renewal (within the past 2 years held Class "A", Class "B" or Class "C" license or permit or a manager's or operator's license, where was the privilege obtained? (City, Village, Town)	
Issuing Municipality:	

**General Application Requirements**

Applications will not be accepted until the application has met with Village Staff to review the application and determine if all necessary information has been provided. Applications are due by noon of the Tuesday four weeks prior to the License Approval meeting. All information from the check list below must be included.

<input type="checkbox"/> Complete Attached Information Sheet	<input type="checkbox"/> Provide \$50.00 Application Fee (non-refundable), payable to the Village of Marathon City
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I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Marathon City, County of Marathon Wisconsin, 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 limitations 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. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_

Signature of Applicant

STATE OF WISCONSIN

SS

MARATHON County.

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator’s license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Year

X \_\_\_\_\_

Applicant Sign Here

\_\_\_\_\_

Notary Public Marathon County, Wis.

**STANDARDS FOR LIQUOR LICENSING**

The Village Board has the authority to grant Operator’s License only when the standards are met. The Operator’s License standards are located in Section 7.2.20, Section 7.2.24, Section 7.2.25 of the Marathon City Municipal Code and Operator’s License Policy.

<b>SUPPLIMENTAL INFORMATION FOR A LIQUOR LICENSE</b>	
In order to process your application as quickly as possible, please fill in all the sections below that are applicable to your request, and attach all appropriate maps or plans described below that are relevant to your request.	
<input type="checkbox"/> Signed Operator’s License Policy	<input type="checkbox"/> Copy of Alcohol Awareness Course Completion
<input type="checkbox"/> Signed Background Check Authorization Form	<input type="checkbox"/> Copy of Driver’s License or Identification Card