

APPLICATION FOR BEVERAGE OPERATOR LICENSE

Applicants MUST complete ALL sections of application

"DO NOT WRITE IN THIS AREA"

Type of License: NEW RENEWAL Action of Lic. Bd. _____
Date Last Held License: _____ Where _____ Granted by Council: _____
Date of Application: _____ Applicant Must Attend Course: Yes No
Expiration Date: _____ Date to Licensing Board: _____
Fee: \$35.00, Date Paid: _____ Receipt # _____ Date Class Attended: _____
Provisional License Issued: (Date: _____) \$15.00 Fee – Date Paid _____ Receipt # _____ Mail Pick Up

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN!!! A POLICE CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY AND ANSWER HONESTLY. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL OF LICENSE/PERMIT.

PLEASE INITIAL HERE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT: _____

FULL NAME _____

OTHER NAMES USED WITHIN THE LAST 5 YEARS(i.e. maiden name) _____

PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

How long have you lived at your present address? _____ If less than 5 years, list previous address(s) and dates: _____

PHONE NUMBER _____

AGE _____ DATE OF BIRTH _____ BIRTH PLACE _____

MALE FEMALE HAIR _____ EYES _____ HEIGHT _____ WEIGHT _____ RACE _____

DRIVER'S LIC. NUMBER _____ STATE _____ SOC. SEC. # _____

(IF ADDITIONAL SPACE IS NEEDED FOR THE BELOW QUESTIONS, PLEASE USE THE BACK OF THIS FORM OR ANOTHER SHEET OF PAPER**)**

How long have you continuously resided in Wisconsin? _____ Place of employment as an Operator: _____

Do you currently hold, or have you ever previously held, within the last five years, an operators, premises or managers license issued by the City of Watertown or any other jurisdiction? (attach proof of any current license issued outside the City of Watertown) Yes No

Have you ever had an operators, premises or managers license, issued by ANY jurisdiction, suspended, revoked, cancelled or acted upon in any other manner limiting the privileges of the license? Yes No

If yes, identify location(s) allegation(s), approximate date(s) and disposition(s): _____

Have you ever been convicted of a FELONY? Yes No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): _____

Have you been convicted of a MISDEMEANOR in the past 5 years? Yes No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): _____

Are there any pending FELONY or MISDEMEANOR charges against you? Yes No

If yes, identify location(s) charge(s) and approximate date(s): _____

Are there any pending drug/alcohol related offenses* against you? Yes No

If yes, identify location(s) charge(s) and approximate date(s): _____

Have you ever, whether as a juvenile or an adult, been convicted of drug/alcohol related offenses* in the last 5 years? Yes No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): _____

****"DRUG/ALCOHOL RELATED OFFENSE" IS TO BE READ IN THE BROADEST POSSIBLE SENSE. IF YOU HAVE ANY DOUBT AS TO WHETHER AN OFFENSE IS CONSIDERED ALCOHOL/DRUG RELATED, YOU MUST DISCLOSE.***

ANY FALSE OR MISSING INFORMATION, WHETHER THE OMISSION WAS INTENTIONAL OR UNINTENTIONAL, MAY RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE.

I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.

Signature _____ Date _____

Police Chief _____

Approved

Denied