

OPERATOR LICENSE APPLICATION
for individuals selling and/or serving alcohol
Municipal Code, Chapter 399

Application Type ☐ New License ☒ License Renewal ☐ Temporary (event only) ☐ Provisional

Applicant Information

Name GANDER ALYSSA B
Last First Middle
Date of Birth [REDACTED] Gender F Race WHITE
Residence Street Address [REDACTED]
City [REDACTED] State WI Zip Code [REDACTED]
Mailing Address (☒ check box if same as above) _____
City _____ State _____ Zip Code _____
Phone [REDACTED] Email [REDACTED]
Other Identifying Names [maiden name or aliases, etc.] _____

Employment Information

Business/Organization Name THE PHOENIX CENTER
Street Address 100 S ORANGE ST
City RICHLAND CENTER State WI Zip Code 53581
Phone Number 608-649-7469 Your Position Title BARTENDER

Infraction History

Have you ever been convicted of any felony or misdemeanor crime? ☐ Yes ☒ No
Do you currently have any felony or misdemeanor charges pending against you? ☐ Yes ☒ No
Have you ever been convicted of operating a motor vehicle while intoxicated? ☐ Yes ☒ No
Have you ever been convicted of any violations relating to the sale of alcoholic beverages? ☐ Yes ☒ No

List PENDING citations, tickets, or criminal charges [excluding parking tickets]

Year _____ Court Location _____
Charge _____
At the time of the incident were you under the influence of alcohol and/or other drugs? ☐ Yes ☐ No
Did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☐ No

Year _____ Court Location _____
Charge _____
At the time of the incident were you under the influence of alcohol and/or other drugs? ☐ Yes ☐ No
Did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☐ No

List CONVICTIONS for citations, tickets, municipal/ordinance violations, or criminal charges [excluding parking tickets]

Year 2023 Court Location TREMPEALEAU
Charge SPEEDING/ MINOR TRANSPORTING
At the time of the incident were you under the influence of alcohol and/or other drugs? ☐ Yes ☒ No
Did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☒ No

Year _____ Court Location _____
Charge _____
At the time of the incident were you under the influence of alcohol and/or other drugs? ☐ Yes ☒ No
Did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☒ No

NOTE: you can obtain information regarding arrest and conviction records from the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/index.xsl. CCAP may not provide a comprehensive list.

I hereby certify that all the above information given by me is true and correct and understand that any false or incomplete information could result in denial of a license; and I hereby certify that I am 22 years of age and am familiar with the laws of the state of Wisconsin and the ordinances of the City of Richland Center relating to the alcohol beverages and I agree that, if granted said license, I will obey all such laws and ordinances. I further certify I understand that failure to fully complete and accurately fill out the required information on this form may result in the automatic denial of this application.

Applicant's Signature: Alyssa Gender Date: 8/13/2026

Application Submission, applicant must provide:

1. Driver's License or Photo ID [must obtain birth date, height, weight, hair color if not indicated on ID]
2. Certificate from beverage serving training course (for new and expired licenses)
3. \$5 Investigation Fee

Once Approved, additional License Fees accessed are as follows:

New & Renewal Licenses: \$20 if granted between July 2 through December 31
\$15 if granted between January 1 through June 30

Temporary \$10
Provisional \$25

Internal Use Only	
☒ Valid Driver's License presented – verified personal info is completed correctly	<i>renewal, but late</i>
☒ Copy of Certificate of serving training course (if new or expired license)	
City Clerk/Treasurer/ Deputy Clerk <u>jcp</u>	\$5 Investigation Fee: Date Paid <u>08/13/26</u>
☐ Individual has no criminal arrest record with either the Wisconsin State Crime Bureau or the RCPD. ☐ See attached for criminal arrest records.	
Police Chief Signature _____	Date Check Performed _____
Safety Committee Review Determination ☐ DENIED ☐ APPROVED	
Safety Committee Representative _____	Date Reviewed _____
License Fee <u>\$20</u>	Date Paid <u>08/13/26</u> License Number _____
License Period ending June 30 of the second year _____	
City Clerk/Treasurer/ Deputy Clerk _____	