

**C. WATERTOWN APPLICATION FOR BEVERAGE OPERATOR LICENSE****Applicants MUST complete ALL sections of application – GREY SECTIONS FOR OFFICE USE ONLY**

Date of Application _____	Date Sent to Police Department _____	Initials of Clerk Staff _____
License Type (circle below):		
<b>NEW</b> – Has the applicant satisfied class requirements or shown other WI Operator License issued within the last 2 years Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>RENEWAL</b> - Last License Color _____		
Application Fee: \$35.00 + \$7.00 Background Fee Date Paid: _____ Receipt #: _____		
<b>Provisional License Issued:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Provisional Fee: \$15.00</b> Date Paid _____ Receipt #: _____		

FULL NAME \_\_\_\_\_ OTHER NAMES USED (i.e. maiden name) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you continuously resided in Wisconsin? \_\_\_\_\_ How long have you lived at your present address? \_\_\_\_\_

If less than 5 years, list previous address(s): \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_ RACE \_\_\_\_\_ MALE OR FEMALE (circle)

DRIVER'S LIC. NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PREFERRED CONTACT METHOD \_\_\_\_\_ PLACE OF EMPLOYMENT AS AN OPERATOR: \_\_\_\_\_

PICK UP LICENSE AT CITY HALL ☐ MAIL TO PERMANENT ADDRESS ☐ MAIL TO PLACE OF EMPLOYMENT ☐

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

Do you currently hold, or have you ever previously held, within the last 2 years, an operator or liquor license issued by the City of Watertown or another WI jurisdiction? (provide name of issuing jurisdiction) Yes ☐ No ☐ (\_\_\_\_\_)

Have you had an operator or liquor license suspended, revoked, cancelled, **denied**, or acted upon in any other manner limiting the privileges of the license in the last 5 years? Yes ☐ No ☐

1. Have you ever been convicted of a **FELONY**? Yes ☐ No ☐
2. Have you been convicted of a **MISDEMEANOR** in the past 5 years? Yes ☐ No ☐
3. Are there any **PENDING** **FELONY** or **MISDEMEANOR** charges against you? Yes ☐ No ☐
4. Are there any **pending drug/alcohol** related offenses\* against you? Yes ☐ No ☐
5. Have you ever, as a juvenile or an adult, been **convicted** of **drug/alcohol** related offenses\* in the last 5 years? Yes ☐ No ☐

If you have marked YES to any of the questions above, please 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.\*

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. I understand that the application fee will not be refunded if denied or withdrawn. I understand that any false or missing information, whether the omission was intentional or unintentional, will result in denial of the operator's license.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_ Approved ☐ Denied ☐

Comments: \_\_\_\_\_