APPLICATION FOR BEVERAGE OPERATOR LICENSE

Applicants MUST complete ALL sections of application

"DO NOT WRITE IN THIS AREA"

Type of License: NEW RENEWAL
Date Last Held License: _____ Where_____
Date of Application: _____
Applicant Must Attend Course: ☐ Yes ☐ No
Date Class Attended: _____
Fee: $35.00 – Date Paid: _____ Receipt # _____
Provisional License Issued: (Date: _____)

Date to Licensing Board: _____
Action of Lic. Bd. _____
Granted by Council: _____
Pick Up ☐ Mail ☐ _____
Fee: $15.00 – Date Paid _____ Receipt # _____

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN!!!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 IS GROUNDS FOR DENIAL OF LICENSE/PERMIT.

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

FULL NAME _____ OTHER NAMES USED (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 _____ SSN _____

(*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 10 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): _____

Have you been denied a Beverage Operator License from any municipality in the last 5 years? Yes ☐ No ☐
If yes, identify the municipality, 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, WILL 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 ☐