

# APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

Application  New  Renewal  Provisional

(Expiring:6-30-2020)

Applicant Name \_\_\_\_\_  
(First) (Last) (Middle)

Maiden/Other Possible Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(City) (County) (State) (Country)

Have you previously applied for a license?  Yes  No

Have you been denied a license?  Yes  No Why? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had a license revoked?  Yes  No Why? \_\_\_\_\_ Where? \_\_\_\_\_

Have you completed the alcohol awareness course as required by WI §125.17(6)  Yes  No

Online Course?  Other - Where? \_\_\_\_\_

WHERE will you be employed as a beverage operator? \_\_\_\_\_

Have you ever been convicted of a drug or alcohol related municipal forfeiture violation?  Yes  No

Have you ever been convicted of a drug or alcohol related misdemeanor crime?  Yes  No

Have you ever been convicted of any felony crime?  Yes  No

If you answered "Yes" to any of the previous three questions, list the offense, conviction date, and offense location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby apply to the Common Council of the City of Nekoosa for a beverage operator license for the period ending June 30, 2015, as provided by Section 125.32(2) and 125.68(2) of Wisconsin Statutes and local ordinance. I certify that the information above is true and complete and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual offender of the law to §111.321, 111.322, and 111.335. I understand that I must have completed a responsible beverage service course or held an operator's license. I further understand that the City of Nekoosa has a policy of denial of license for certain violations of the law. I further certify that I am familiar with, or will become familiar with, prior to issuance of a beverage operator license, the laws ordinances, and regulations pertaining to sale of alcoholic beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations. I understand that fees will not be refunded or applied to another application after four months from this date.*

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

<p style="text-align: center;">State of Wisconsin, } Wood County. }</p> <p>_____, 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 statements made by the applicant are true.</p> <p>Subscribed and sworn to before me this _____ day of _____, 20____</p> <p>_____ Notary Public, Wood County, Wisconsin</p>	<p style="text-align: center;"><b><u>For Office Use Only</u></b></p> <p>Police Department Background Investigation Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Police Chief recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Deny _____ (initial)</p> <p>Alcohol Awareness Course Date _____</p> <p>Committee Recommendation Date _____</p> <p>Council Approval Date _____</p> <p>Fees: <input type="checkbox"/> \$10.00 New, <input type="checkbox"/> \$5.00 Renewal, <input type="checkbox"/> \$5.00 Provisional</p>
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