

APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

Application New Renewal Provisional (Expiring June 30, 2021)

Applicant Name _____
(First, Middle, Last)

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, 2021, 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 during the past two years. I further understand 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.

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;">For Office Use Only</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 _____ <small>(initial)</small></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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