



**Application for an Operator's License**

(Ord. 6-25 thr 6-27 and §125.17 Wis. Stats.)

Please check appropriate box:  NEW  RENEWAL  TEMP\*  PROVISIONAL

1. **Applicant Information: \*\*Print Legibly\*\*\*** (\*valid up to 14 days) LIC# \_\_\_\_\_

Name: \_\_\_\_\_ (Male) (Female) Birth Date: \_\_\_\_\_

LAST FIRST MIDDLE

Address: \_\_\_\_\_

STREET APT # CITY STATE ZIP

Phone #: \_\_\_\_\_ D.I. #: \_\_\_\_\_ State: \_\_\_\_\_

2. **Employer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

3. **READ CAREFULLY: Have you EVER been convicted of violating any Federal or State law, City, Town, or Village Ordinance?**

Yes  No List all date/s of convictions and the name of offense/s on back of this form.

4. Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverage or intoxicating liquors?  Yes  No List all date/s of conviction and the name of offense/s on back of this form.

5. **Certification:** I certify that all information provided is true and correct, and that I am familiar with the laws, ordinances, and regulations applicable to an Operator's license. I also certify that I do not have an arrest or conviction record to Wis. Stat. 111.321, 111.322, and 111.335.

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

**STOP - below is for Clerk Use Only**

Date Application Received In-house: \_\_\_\_\_ Date License can be issued: \_\_\_\_\_

(15 calendar days after application is received-IF APPROVED)

**Beverage Server Course**

I hereby certify that the applicant has provided proof of one of the following:

(Check one and attach proof)

Has completed the training Course within the last 2 years  
 Held a retail license, manager's, or operator's license within the last 2 years

Holds existing operator's license  
 Is enrolling or has enrolled in Beverage Server Training Course Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Not required for temp license

**Application Fee Certification of Payment**

**\*\*DUE WHEN APPLICATION IS SUBMITTED\*\***

Application Fee: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Outstanding Debts: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Outstanding Debts to City of Mauston (ord. 6-26(2))**

Utilities:  Yes \$ \_\_\_\_\_  No Staff Initials \_\_\_\_\_

Muni Court:  Yes \$ \_\_\_\_\_  No Staff Initials \_\_\_\_\_

Parking Tickets:  Yes \$ \_\_\_\_\_  No Staff Initials \_\_\_\_\_

Other:  Yes \$ \_\_\_\_\_  No Staff Initials \_\_\_\_\_

Zoning:  Yes \$ \_\_\_\_\_  No Staff Initials \_\_\_\_\_

**Record Review**

Date to P.D. \_\_\_\_\_ CCAP  \_\_\_\_\_ DOJ  \_\_\_\_\_ RMS #1  #2  #3  \_\_\_\_\_

Records kept in the Police Dept. pursuant to Wisconsin Records law.

A review of the applicant's records shows  no infractions  the following infractions that will inhibit the applicant's ability to dispense alcohol:  Felony convictions  Drug/alcohol related offenses  Serious driving convictions  Ordinance violations  Repeated misdemeanor convictions

The Police Department  is  is not aware of additional information pertaining to the applicant's fitness to receive an operator's license. It is the recommendation of the Chief of Police to  approve  deny  review the application.

Authorized PD Personnel: \_\_\_\_\_ Date \_\_\_\_\_

Applicant notified of Decision: Date: \_\_\_\_\_ How: \_\_\_\_\_ Who: \_\_\_\_\_

**Ordinance, Licenses, & Permits Committee Action:** Date: \_\_\_\_\_  approved  did not approve  took no action

(If requested by the Chief of Police)

**Council Action:** Date \_\_\_\_\_  approved  denied Provisional approved by \_\_\_\_\_

