



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 _____

OFFICE USE: 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 _____

