

# APPLICATION FOR BEVERAGE OPERATOR LICENSE

Applicants MUST complete ALL sections of application

**"DO NOT WRITE IN THIS AREA"**

Type of License: NEW RENEWAL Date to Licensing Board: \_\_\_\_\_  
Date Last Held License: \_\_\_\_\_ Where \_\_\_\_\_ Action of Lic. Bd. \_\_\_\_\_  
Date of Application: \_\_\_\_\_ Granted by Council: \_\_\_\_\_  
Applicant Must Attend Course:  Yes  No  
Date Class Attended: \_\_\_\_\_ Pick Up  Mail  \_\_\_\_\_  
Fee: \$35.00 – Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_  
Provisional License Issued: (Date: \_\_\_\_\_) 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**APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN!!!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): \_\_\_\_\_

**\*"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