



APPLICATION FOR OPERATORS LICENSE

TOWN OF ONALASKA, WISCONSIN

ADOPTING STATE STATUTE 125

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the Town Clerk with the appropriate fee. ALL items **MUST** be complete.

1. APPLICANT: _____
Last First MI Maiden
DATE OF BIRTH _____ AGE(AT TIME OF APPLICATION) _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____ SEX _____
HOME PHONE _____ EMAIL ADDRESS _____
DRIVERS LICENSE NUMBER _____ STATE ISSUED _____
2. PLACE OF EMPLOYMENT UNDER THIS LICENSE _____
3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE _____ WHEN _____
WHERE _____ PHONE _____
4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE _____
IF YES, EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN _____
6. NEW APPLICANTS: State Statute 125.17 (6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before with application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**
7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS.
 - ALL FELONIES (NO DATE LIMIT) YES ___ NO ___
 - ALL MISDEMEANORS (NO DATE LIMIT) YES ___ NO ___
 - ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YRS) YES ___ NO ___
 - ALL ALCOHOL RELATED OFFENSES YES ___ NO ___
 - ANY PENDING CITATIONS OR ARRESTS YES ___ NO ___

Some information on violations may be obtained from the Wisconsin Circuit Court Access at <http://wcca.wiscourts.gov> This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

| VIOLATION | DATE | LOCATION | GUILTY/DISMISSED |
|-----------|------|----------|------------------|
| | | | |
| | | | |
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8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations—federal, state or local—affecting the sale of fermented malt beverages and intoxicating liquors.

Printed Name of Applicant

Applicant Signature

OFFICIAL USE ONLY

FEE\$ _____ CASH _____ CHECK# _____ DATE REC. IN OFFICE _____

_____ NEW APPLICATION

_____ RENEWAL APPLICATION RECEIPT # _____

INVESTIGATION:

_____ Investigator finds no reason why this license should not be granted

_____ Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER _____ DATE _____ INVESTIGATOR _____
APPROVED/DENIED _____