

APPLICATION FOR BEVERAGE OPERATOR'S LICENSE (Expiring 06/30/20__)

Name _____ Age _____
(First) (Middle) (Last)

Maiden/Other Possible Names _____ Phone _____

Address _____ Date of Birth _____

City/State/Zip _____ Place of Birth _____

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? _____

Arrest Record _____

WHERE will you be employed as a beverage operator? _____

I hereby apply to the Common Council of the City of Wisconsin Rapids for a beverage operator license for the period ending June 30, 2005, 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 correct and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual law offender. I understand that I must have completed a responsible beverage service course or held an operator's license, retail liquor license, or manager's license within the last two years to qualify for issuance of a license. I further understand that the City of Wisconsin Rapids has a policy of denial of licenses 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 the sale of alcohol beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations.

I understand that fees will not be refunded or applied to another application after 4 months from this date

O

Signature _____ Date _____

POLICE DEPARTMENT INVESTIGATION:

Investigation of the applicant's record has been completed and shows: _____

 Chief of Police

For Office Use Only	
NEW or RENEWAL	
Class Date:	_____
Council Date:	_____
Class Date:	_____

For Office Use Only	
_____ 18 month (or less)	
\$25.00	
_____ 24 month	
\$35.00	
_____ Provisional license	_____
\$5.00	

