

CITY OF RICHLAND CENTER

Application for Operator License

NEW _____ / **RENEWAL** _____ / **TEMPORARY** _____ / **PROVISIONAL** _____

PLEASE NOTE:

You must be 18 years of age to apply.
Answer all questions truthfully and completely.
A record check will be conducted.
A beverage Server Certificate or proof of
Registration in the class must accompany all
Applications unless the applicant has been issued
An operator license in WI in the last two years or
You are applying for a provisional license.

To the Common Council of the City of Richland Center:

I, _____, do hereby respectfully
make an application to the Common Council of the City of Richland
Center, County of Richland, Wisconsin, for an Operator's License as
authorized by sec. 125.17 Wisconsin Statutes, for the year ending
June 30, _____.

Full name of applicant: _____

Address of applicant: _____

Applicant's date of birth: _____ / _____ / _____ Telephone Number: _____

Applicant's place of employment: _____

1. Have you ever been convicted of any felony or misdemeanor in the State of Wisconsin, under the laws of the United States or in any other state? _____ If "YES" Date of Conviction(s): _____
Name & Location of Courts: _____
Nature of Offense: _____

2. Do you have any felony or misdemeanor charges presently pending against you? _____
If yes, what is the charge _____ Location of court _____

3. Have you ever been convicted of operating a motor vehicle while intoxicated? Yes _____ No _____
If yes, give dates, state and county of conviction _____

4. Have you ever been convicted of any forfeiture or ordinance violation relating to the sale of alcohol beverages, including fermented malt beverages or intoxicating liquor? _____. If "YES" Date of Conviction(s): _____
Name & Location of Courts: _____
Nature of Offense: _____

I HEREBY CERTIFY THAT I AM _____ YEARS OF AGE, AND THAT I AM FAMILIAR WITH THE LAWS OF THE STATE OF WISCONSIN AND THE ORDINANCES OF THE CITY OF RICHLAND CENTER RELATING TO ALCOHOL BEVERAGES, AND I AGREE IF GRANTED SAID LICENSE TO OBEY ALL SUCH LAWS AND ORDINANCES.

*******I UNDERSTAND THAT FAILURE TO FULLY COMPLETE AND ACCURATELY FILL OUT THIS APPLICATION, WILL AUTOMATICALLY RESULT IN DENIAL OF THIS APPLICATION.*******

Applicant's Signature

Subscribed and Sworn to before me this ____ day of _____, _____.

City Clerk/Treasurer

License Fee: \$ _____ Paid on _____.

County Clerk OK _____
Clerk of Court OK _____
Register of Deeds OK _____
County Treasurer OK _____
Police Department OK _____
Code E OK _____