

# CITY OF RICHLAND CENTER

## Application for Operator License

License # \_\_\_\_\_  
(Office Use Only)

New \_\_\_\_\_ Renewal \_\_\_\_\_ Provisional \_\_\_\_\_ Temporary \_\_\_\_\_  
(60 days) (event only)

*PLEASE NOTE: You must be 18 years of age to apply. Answer all questions truthfully and completely. A criminal background 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 Wisconsin in the last two years or you are applying for a provisional license. Applicants for NEW operator licenses have to attend the Public Safety meeting (ask the Clerk for the date and time.)*

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 license as authorized by section 125.17 of the Wisconsin Statutes, for the period ending – June 30, \_\_\_\_\_. (Maximum license period – 2 years)

Full name of applicant: \_\_\_\_\_  
Address of applicant: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_  
Applicant's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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? Yes \_\_\_ No \_\_\_. If yes:

Date of conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of court: \_\_\_\_\_  
Location of court: \_\_\_\_\_  
Nature of offense: \_\_\_\_\_

2. Do you have any felony and/or misdemeanor charges presently pending against you? Yes \_\_\_ No \_\_\_. 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,

Date of conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_  
County and state of conviction: \_\_\_\_\_

4. Have you ever been convicted of any forfeiture and/or ordinance violation relating to the sale of alcohol beverages, including fermented malt beverages and/or intoxicating liquor? Yes \_\_\_ No \_\_\_. If yes:

Date of conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of court: \_\_\_\_\_  
Location of court: \_\_\_\_\_  
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. I AGREE THAT, IF GRANTED SAID LICENSE, I WILL OBEY ALL SUCH LAWS AND ORDINANCES.

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

\_\_\_\_\_  
Applicant's Signature

Office Use Only

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
City Clerk/Treasurer

Police Department OK \_\_\_\_/\_\_\_\_/\_\_\_\_

Police Chief Initials \_\_\_\_\_

Code E OK \_\_\_\_/\_\_\_\_/\_\_\_\_

Public Safety Approval \_\_\_\_/\_\_\_\_/\_\_\_\_

\$25 License fee paid on \_\_\_\_/\_\_\_\_/\_\_\_\_



**STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE**

DIVISION OF LAW ENFORCEMENT SERVICES  
Crime Information Bureau  
Record Check Unit

PO Box 2688  
Madison, WI 53701-2688  
608/266-5764

**WISCONSIN CRIMINAL HISTORY  
SINGLE NAME RECORD REQUEST**

**A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.**

**Requestor Type – Check Only One**

- Government Agency \$12.00
- General Public \$12.00
- Nonprofit Org. \$12.00
- Public Defender (Fee Exempt)
- SPD # \_\_\_\_\_
- Police Certificate \$20.00  
(Must include fingerprint card)

**Request Purpose - Check Only One**

- General Information
- Public Housing
- Caregiver – General (Add \$3 DHFS fee)
- Caregiver – Child Day Care (Add \$3 DHFS fee)
- Provide either Facility # \_\_\_\_\_  
or Certifying Agency # \_\_\_\_\_

**Payment Type – Check Only One**

- Bill Account  
Number # G2489  
(not available for police certificate)
- Amount  
Enclosed \$ \_\_\_\_\_

**Search for a Record on: (Please type or print legibly)**

\* Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

\* Sex: \_\_\_\_\_ \* Race: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM) (DD) (YYYY)

Other Identifying Data [~~Social Security Number~~, Maiden Name(s), Additional Names, etc.]

**\* Required Data**

**Return request to: (Include a self-addressed, postage-paid envelope)**

Name: Richland Center Police Department Attn: \_\_\_\_\_  
Street: 470 S Main St Phone: 608-647-2103  
City, State, \_\_\_\_\_ FAX: 608-647-8126  
Zip: Richland Center, WI 53581 E-mail: rcpd@charter.net

**FOR CIB USE ONLY**

*If an individual is requesting his or her own record **and** wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.*

**Right Index  
Fingerprint Impression**

