

For Office Use Only	Police Dept:	City Clerk:
LICENSE PERIOD YEAR ENDING: JUNE 30, 20 _____ <input type="checkbox"/> New License (\$30) <input type="checkbox"/> Training certificate attached Date to PD: _____ <input type="checkbox"/> Renewal (\$30) Date Received: _____ <input type="checkbox"/> Provisional (\$15) Valid for 60 Days Amt. Paid: _____ <input type="checkbox"/> Temporary (\$10) Valid for 1 to 14 Consecutive Days Receipt No: _____		

City of Shawano Application for Beverage Operator's License

FEES ARE NON-REFUNDABLE – PLEASE PRINT CLEARLY

Name: (First – Must list legal first name) _____ (Middle Name) _____ (Last Name) _____ (Previous Last Name) _____

Street Address _____ City _____ State _____ Zip Code _____

DOB: _____ Day Phone: _____ Evening Phone: _____

Wisconsin Resident? Yes No Number of Years: _____

Current Occupation: _____ Past Occupations: _____

WHERE will you be employed as a Beverage Operator? _____

If applying for a temp. license for the fair, what stand will you be working in? _____

Have you ever had a Beverage Operator's License? Yes No If yes, where? _____

Have you ever had an Operator's License Revoked and/or suspended? Yes No
 If yes, reason why _____

Have you **EVER** been convicted of a misdemeanor or ordinance violation in the **past five (5) years** (e.g. speeding, OWI, disorderly conduct, driving without a license, etc.)? Yes No

If yes, when, where and what type of violation? _____

Do you currently have any **pending** convictions of a misdemeanor or ordinance violation (e.g. speeding, OWI, disorderly conduct, driving without a license, etc.)? Yes No

If yes, when, where and what type of violation? _____

Have you **EVER** been convicted of any violation of the Wisconsin Statutes and/or federal law pertaining to the sale of alcoholic beverage and/or the manufacture, possession or deliverance of a controlled substance?

Yes No If yes, when, where and what type of violation? _____

CONTINUED ON BACK SIDE

Do you currently have any **pending** convictions of any violation of the Wisconsin Statutes and/or federal law pertaining to the sale of alcoholic beverage and/or the manufacture, possession or deliverance of a controlled substance?

Yes No If yes, when, where and what type of violation? _____

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that I have no delinquent taxes, assessments, or other claims in whole or part owed to neither the City of Shawano nor any delinquent forfeiture resulting from a violation of any City ordinance.

I further certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of malt and liquor beverages and I hereby agree, if granted said license, to obey all provisions of said laws.

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge and belief and that incomplete or incorrect information provided in response to the questions will be grounds for denial of this application.

Applicant's Signature

Date

OFFICE USE ONLY BELOW

Affix a copy of the applicants
Driver's License/Photo ID

Applicant meets guidelines for issuance of Beverage Operator's License (Please Initial)

_____ Has taken Responsible Beverage Server Training Course or held a license within the past 2 years. (City Hall)

_____ No outstanding Court forfeitures (Tomina/Lisa B.)

_____ No delinquent taxes (Lisa B.)

_____ No delinquent claims (Lisa B.)

_____ Police Background Check completed (Lisa K)

IF DENIED BY EITHER THE CITY OF SHAWANO POLICE DEPARTMENT OR CITY CLERK:

REASON: _____
