

<b>FOR OFFICE USE ONLY</b>		Police Dept:	City Clerk:
LICENSE PERIOD YEAR ENDING: JUNE 30, 20 _____			
<input type="checkbox"/> New License (\$30) <input type="checkbox"/> Training Certificate Attached	Date Rec.: _____		
<input type="checkbox"/> Renewal (\$30)	Date to PD: _____		
<input type="checkbox"/> Provisional (\$15) Valid for 60 Days	Amt. Paid: _____		
<input type="checkbox"/> Temporary (\$10) Valid for 1-14 Consecutive Days	Receipt No.: _____		
<input type="checkbox"/> No Outstanding Court Forfeitures	<input type="checkbox"/> No Delinquent Taxes	<input type="checkbox"/> No Delinquent Claims Owed to the City	



**City of Shawano  
BEVERAGE OPERATOR APPLICATION**



**\*A COPY OF THE APPLICANT'S STATE ISSUED DRIVER LICENSE OR STATE ID MUST BE STAPLED TO THE APPLICATION. APPLICATION FEES WILL NOT BE REFUNDED. A POLICE BACKGROUND CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY & ANSWER ALL QUESTIONS. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL.**

<b>NAME</b> <i>(Must be legal name)</i>	First _____	Full Middle _____	Last _____
<b>PREVIOUS/MAIDEN NAME</b>	<b>OTHER NAMES/ALIASES EVER USED</b>		
<b>DATE OF BIRTH</b>		<b>PLACE OF BIRTH</b>	
<b>ADDRESS</b>	Street _____	City _____	State _____ Zip _____
<b>PHONE NUMBER</b>		<b>PLACE OF EMPLOYMENT</b> <i>Where you will be using the license; must be in the City of Shawano.</i>	
<b>IDENTIFICATION</b> <i>Driver License/State ID Number</i>	Number _____		State _____

How long have you been a resident of the State of Wisconsin? \_\_\_\_\_

Have you ever had a Beverage Operator's License before?  YES  NO If yes, where? \_\_\_\_\_  
*(attach proof of any current license issued outside of the City of Shawano)*

<p><b>ADDITIONAL QUESTIONS FOR TEMPORARY LICENSE APPLICANTS ONLY</b></p> <p>A temporary beverage operator's license may be issued only to operators employed by or donating their services to a nonprofit corporation. No person may hold more than one temporary operator's license per calendar year. This type of license is valid for a period of one to fourteen days.</p> <p>Have you previously had a temporary Beverage Operator's License in the current calendar year for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>What is the Event for which you will require a temporary Bev. Operator's License? _____</p> <p>What is the date(s) of said Event? _____</p>
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**APPLICATION CONTINUED ON THE BACK**

**VIOLATIONS – please read the following questions carefully!**

Please be sure to Include any pending violations and/or charges, even if they have been dismissed. Failure to provide complete and accurate information may result in the denial of this application. If this is a renewal, only list violations since the date of your last application. \* **“Drug/Alcohol related Offense” is to be read in the broadest possible sense. If you have any doubt as to whether an offense is considered alcohol/drug related, you shall disclose the information.**

Have you EVER had an Operator’s License revoked and/or suspended?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

Have you EVER been convicted of a FELONY?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

Have you been convicted of a MISDEMEANOR or ORDINANCE VIOLATION in the past 10 years?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

Are there any pending FELONY, MISDEMEANOR, or ORD. VIOLATION charges against you?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

Have you ever, whether a juvenile or an adult, been convicted of a drug/alcohol related offense\*?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

Are there any pending drug/alcohol related offenses\* against you?  YES  NO

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): \_\_\_\_\_

**CERTIFICATION AND ACKNOWLEDGEMENT** (check the box(es) to certify and acknowledge the following statements.)

- I certify that I have no delinquent taxes, assessment, 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 understand that incomplete or incorrect information provided in response to any questions on said application may result in the denial of this application.

Applicant’s Signature

Date

IF APPLICATION IS DENIED BY EITHER THE CITY OF SHAWANO POLICE DEPARTMENT OR CITY CLERK, PLEASE PROVIDE EXPLANATION HERE (Note: If applicant is denied, they may not reapply for 6 Months from the date of the denial):

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