

FOR OFFICE USE ONLY		Police Dept:	City Clerk:
LICENSE PERIOD YEAR ENDING: JUNE 30, 20 _____			
<input type="checkbox"/> New License (\$50) <input type="checkbox"/> Training Certificate Attached	Date Rec.: _____		
<input type="checkbox"/> Renewal (\$50)	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		



**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.**

NAME <i>(Must be legal name)</i>	First	Full Middle	Last
PREVIOUS/MAIDEN NAME		OTHER NAMES/ALIASES EVER USED	
DATE OF BIRTH		PLACE OF BIRTH	
ADDRESS	Street	City	State Zip
PHONE NUMBER		PLACE OF EMPLOYMENT <i>Where you will be using the license; must be in the City of Shawano.</i>	
IDENTIFICATION <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>ADDITIONAL QUESTIONS FOR TEMPORARY LICENSE APPLICANTS ONLY</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>

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):

