

CITY OF VERONA

APPLICATION FOR OPERATOR'S LICENSE

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
Answer all questions completely; allow a minimum of 3 weeks for processing.

Year: _____
CR#: _____
License#: _____

REQUIRED INFORMATION

- Completed application
- Copy of driver's license
- Responsible Beverage Course Certificate (if new applicant)

- 1 Year License: \$37.00
- 2 Year License: \$57.00

I hereby apply for an operator's license subject to limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and agree to comply with all laws, resolutions, ordinances, and regulations affecting the sale of such beverages and liquors.

I certify that I am _____ years of age and do not have an arrest or conviction record subject to SS. 111.335.

Birth Date: _____ Signature of Applicant _____

Is application **New** or a **Renewal**?

If Renewal, where was the previous privilege obtained? _____

Name: _____ Phone No. _____
Last First M.I.

Address: _____
Street City State Zip

Email Address: _____

Driver's License Number: _____ State: _____

Height: _____ Weight: _____ Sex: **M F** Race: _____ Eyes: _____ Hair: _____

Required by SS. 125.17(6), where have you completed the responsible beverage course? _____

Have you ever been convicted of **Violating ANY LAW** of the State of Wisconsin or the United States?

No **Yes. Please list ALL occurrences:**

Nature of Offense: _____

Date: _____ Name of Court: _____

Nature of Offense: _____

Date: _____ Name of Court: _____

**Note: Additional space for conviction record is on backside of application*

Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

Place of Employment: _____ Address _____
(Where you will be bartending) Verona, WI 53593

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the questions contained in the application have been truthfully answered to the best of the knowledge of the signer. Failure to disclose an arrest/conviction record may result in the denial of the license for a period of 12 months from the date of application.

**Must be signed in the presence of a notary public*

Signed: _____

SUBSCRIBED & SWORN TO BEFORE ME
THIS _____ DAY OF _____.

NOTARY PUBLIC DANE COUNTY, WIS.
MY COMMISSION EXPIRES _____

Additional Space for Convictions:

Nature of Offense: _____

Date: _____ Name of Court: _____

Nature of Offense: _____

Date: _____ Name of Court: _____

Nature of Offense: _____

Date: _____ Name of Court: _____

Nature of Offense: _____

Date: _____ Name of Court: _____



OFFICIAL USE ONLY

I have reviewed the attached application and have found the following legal violations have occurred involving the applicant:

NO C.I.B RECORD Yes No

RECOMMENDATION: APPROVE DENY

Signature of Chief of Police

Date