

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: \$33.00 + CIB
- 2 Year License: \$53.00 +CIB
- Provisional License: \$10.00
(valid 60 days)
- Temp. License: \$10.00 + CIB
(valid 14 days)
- CIB (required for each): \$7:00



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

Birth Date: _____

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), through what company 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: _____ | _____
(Where you will be bartending) Address Verona, WI 53593

READ CAREFULLY BEFORE SIGNING:

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.

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 their knowledge. 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.

Signature: _____ Date: _____

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