 Bill to Establishment (renewal season only)
 Establishment Paid in Advance (renewal season only)
 Applicant Paid (receipt attached)

**CITY OF WAUPUN OPERATOR LICENSE APPLICATION** License expires June 30 of every year

<b>APPLICATION FOR</b> : (PLEASE CHECK ALL THAT APPLY)	<b>Recommended for Approval:</b> <b>Police Chief</b> □ Yes □ No					
REGULAR OPERATOR LICENSE- \$40.00						
□ NEW APPLICANT □ RENEWAL APPLICANT	License No					
PROVISIONAL OPERATOR LICENSE-\$15.00	License No					
License expires 60 days after issuance.						
Name as <b>appears on Driver's License</b>						
First Mi	iddle Last Maiden					
Circle one: Male Female Race:						
Date of Birth/ Driver's License No. and	d State					
Address:Cit	ty, State, Zip:					
Home Phone#: Cell Pho	one #:					
Email Addroso	Citizen of United States? □ Yes □ No					
Email Address:						
How long have very lived at this address?						
How long have you lived at this address?						
List all previous alias' used						
What is the name of the establishment where you will be se	rving /selling Malt Beverages and /or Intovicating					
What is the name of the establishment where you will be serving/selling Malt Beverages and/or Intoxicating Liquors? Will you or designee pick up license after Council approval or do we mail it?						
Yes, I/Designee will pick it up. If designee, provide email address:						
No, Please mail it to the establishment I will be serving ( <i>Cannot mail to Other Bar- you must pick up</i> )						
	ess City/ST/Zip					
	ess City/ST/Zip					
Within the last 2 years, did you have or complete one of	f the following: <u>Yes No</u>					
Within the last 2 years, did you have or complete one of     -Completed Responsible Alcohol Servers Course   -Weak	f <b>the following: <u>Yes</u> No</b> ere the sole proprietor of retail alcohol license					
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Within the last 2 years, did you have or complete one of -Completed Responsible Alcohol Servers Course-We-Held an Operator's License issued in WI-We	f <b>the following: <u>Yes</u> No</b> ere the sole proprietor of retail alcohol license ere an alcohol agent for a retail alcohol license					
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Da	te Nature of Offense Location: City, Cour	ity and State			
If you have answered <u>YES</u> to any of the above questions, list the date, nature Of offense and the location of the offense (City, County and State)					
DO YOU PRESENTLY HAVE ANY OVERDUE OR OUTSTANDING FORFEITURES RESULTING FROM A VIOLATION OF ANY CITY ORDINANCE? YES			NO		
DO YOU HAVE ANY CRIMINAL OR ORDINANCE CHARGES PRESENTLY PENDING AGAINST YOU? YES					
HA	HAVE YOU EVER BEEN CONVICTED OF A FELONY OUT OF THE STATE OF WISCONSIN? YES If yes, what State(s)		NO		
HA	VE YOU EVER BEEN CONVICTED OF A FELONY IN WISCONSIN?	YES	NO		
8.	Having alcohol beverages in your possession in a motor vehicle as a driver or a passenger (WI Stat. 346.935)?	YES	NO		
	Operating a motor vehicle while under age 21 with a blood alcohol of more than .0% but not more than .08% (WI Stat. 346.63(2)(m)?	YES	NO		
6.	Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (WI Stat 346.63)?	YES	NO		

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2), and 125.68(2) of the Wisconsin Statutes and all acts amendatory and supplementary of those sections, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license is granted to me.

The license shall, if issued, be from the date of its issuance to June 30, 20\_\_\_\_\_, unless the license is revoked by the City of Waupun prior to that date.

I attest I am at least eighteen years of age, is of good moral character, and am the person who made and signed this application for an Operator's License; and that all the statements are true.

(Applicant Signature)