

LICENSE: \$90.00 RECEIPT NO. _____ PSL Date _____ LICENSE NO. _____

\$75 LICENSE ACCT #: 11101-44110 IF NEW, DATE COMPLETED COURSE _____

\$15 RECORD CHECK ACCT #: 11101-46100

PICK-UP _____ MAIL _____

OPERATOR'S LICENSE APPLICATION

NEW _____ RENEWAL _____ MALE _____ FEMALE _____ SOCIAL SECURITY NO. _____

NAME _____ MAIDEN NAME _____
LAST FIRST M.I.

ADDRESS _____ CITY _____ ZIP _____

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

HOME TELEPHONE NO. _____ LAST FORMER ADDRESS _____
(IF LESS THAN 2 YRS. AT CURRENT ADDRESS)

BUSINESS NAME & ADDRESS WHERE LICENSE IS TO BE USED _____

I HEREBY APPLY FOR AN OPERATOR'S LICENSE TO DRAW, SERVE AND/OR SELL ALCOHOL BEVERAGES AS DEFINED BY LAW, UNTIL THE END OF THE LICENSING PERIOD, SUBJECT TO THE CONDITIONS AND LIMITATIONS IMPOSED BY CHAPTER 125 OF THE WISCONSIN STATUTES AND BY CHAPTER 6 OF THE RACINE MUNICIPAL CODE.

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES (OTHER THAN TRAFFIC UNRELATED TO ALCOHOL BEVERAGES) FOR VIOLATION OF ANY FEDERAL LAWS, ANY WISCONSIN LAWS, ANY LAWS OF ANY OTHER STATES OR ORDINANCES OF ANY MUNICIPALITY? YES _____ NO _____

(IF YES, GIVE LAW OR ORDINANCE VIOLATED, TRIAL COURT, TRIAL DATE AND PENALTY IMPOSED, AND/OR DATE, DESCRIPTION AND STATUS OF CHARGES PENDING.) (IF MORE ROOM IS NEEDED, CONTINUE ON REVERSE SIDE OF THIS FORM.)

ARE CHARGES FOR ANY OFFENSES PRESENTLY PENDING AGAINST YOU (OTHER THAN TRAFFIC UNRELATED TO ALCOHOL BEVERAGES) FOR VIOLATION OF ANY FEDERAL LAWS, ANY WISCONSIN LAWS, ANY LAWS OF OTHER STATES OR ORDINANCES OF ANY MUNICIPALITY? YES _____ NO _____

(IF YES, DESCRIBE STATUS OF CHARGES PENDING.) _____

NOTE: WISCONSIN LAW PROHIBITS THE GRANTING OF AN OPERATOR'S LICENSE TO A PERSON WHO HAS A FELONY CONVICTION IF THE CIRCUMSTANCES OF THE CONVICTION SUBSTANTIALLY RELATE TO THE CIRCUMSTANCES OF THE JOB FOR WHICH THE LICENSE IS REQUIRED.

STATE OF WISCONSIN)
) SS
COUNTY OF RACINE)

_____, BEING FIRST DULY SWORN ON OATH SAYS THAT SAID APPLICANT IS THE PERSON WHO MADE AND SIGNED THE FOREGOING APPLICATION FOR AN OPERATOR'S LICENSE AND THAT ALL THE STATEMENTS MADE BY THE APPLICANT ARE TRUE.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____ MY COMISSION EXPIRES _____

NOTARY PUBLIC
REV. 3/17