

CITY OF HORICON OPERATOR'S LICENSE APPLICATION

FEE: \$25.00 1 Yr. License _____ NEW APPLICATION _____ APPLICATION DATE _____
\$45.00 2 Yr. License _____ RENEWAL _____
\$15.00 Provisional _____ PREVIOUS LICENSE # _____
Office Use Only

All pertinent blanks must be filled, and questions answered before this application can be processed. Please Print Clearly. If additional space is needed, add an attachment or use space provided on back.

I hereby apply for a license to serve, from date of license approval to **June 30**, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to limitations imposed by Section 125.32 (2) and 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, 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.

I certify that I have been a resident of the State of Wisconsin since _____.

and of the (circle one) City/Village/Town of _____; and I am _____ years of age.

I authorize an agent of the City of Horicon to submit a driver inquiry notice to the Wisconsin Department of Transportation and an identification record request pursuant to Wisconsin Statutes 19.35(1) and 165.82 to the Department of Justice regarding any felony or misdemeanor violations.

ANSWER ALL OF THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

- Name (Print Clearly) _____

First	Middle	Last	Maiden
-------	--------	------	--------
- Address _____

Street/PO Box	City/Village/Town	State/Zip
---------------	-------------------	-----------
- How long have you lived at the above address? _____. * If less than 10 years, please submit previous addresses on back.
- Date of Birth _____ Place of Birth _____

Month/Day/Year	City/State
----------------	------------
- Phone Number _____ Driver's License # _____
- If **renewal** (within the past 2 years held a Class "A", "Class A", "Class C", Class "B", or "Class B" license or permit or a Manager's or operator's license), where was the privilege obtained? _____
City/Town/Village
- As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? YES NO
If yes, where? _____
- Where will you work? _____
- Have you **EVER** been convicted of **ANY** violation of law (including traffic violations) in the State of Wisconsin or the United States?
 YES NO If Yes, Offense, Date/Year of Offense (be specific) _____
- Have you **EVER** been **charged or convicted** of a **felony** in Wisconsin or the United States? YES NO If yes, Offense, Date/Year (be specific) _____
- Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? YES NO If yes, explain _____

Under penalty by law, I, the undersigned, state that I am the person named in application and that I have read and made complete and truthful answers to each question.

Applicant Sign Here

Date

*Previous Addresses/Other Information:

FOR OFFICE USE ONLY

DATE PAID: _____ RECEIPT #: _____ DATE SENT TO HPD: _____

DATE RETURNED TO CITY HALL: _____ COMMON COUNCIL APPROVAL DATE: _____

LICENSE # _____ DATE ISSUED: _____

(FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE)

I have received the information submitted within this application and have found it to be:

Accurate _____ Inaccurate _____ Incomplete _____ Fraudulent _____

COMMENTS: _____

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license.

COMMENTS: _____

Based upon this information, I recommend that the license be:

Approved _____ Denied _____

Joseph W. Adamson, Chief of Police

Date