

OPERATORS LICENSE APPLICATION

Select Type: **New Applicant** **Renewal \$40** **Provisional** (expires 60 days after issuance) – add **\$15**
(License fee is Non-Refundable)

Please Print Clearly

TO THE COMMON COUNCIL OF THE CITY OF RIPON, WISCONSIN:

I hereby apply for a license to serve from the date hereof to June 30, 20___, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 125.32(2) and 125.68(2) 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, of Local affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT:

Name of Applicant: _____

Driver's License No. & State: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Citizen of U.S.? Yes ___ No ___ **Phone No.** _____ **Email:** _____

Residence: List all residences for the past 10 years begin with the present address.

Month & Year - From: _____ To: _____ Number & Street _____ City _____ State _____

Please list additional residences on the reserve side of the application.

Date of Birth: _____ **Maiden Name:** _____

List other first or last names you have gone by: _____

Name of Establishment you will be working at: _____

- Check One:** I have held an operator license within the past two years.
(If in municipality other than City of Ripon, proof is required)
 I have completed the Beverage Service Training Course within the last two years (certificate required)

125.17(5) (a) 2.

2. Subject to pars. (b) to (e), a municipal governing body that issues operators' licenses shall issue a provisional operator's license to a person who, at the time of application for an operator's license under sub. (1) and payment of the fee under sub. (3), files a certified copy of a valid operator's license issued by another municipality.

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED OF ANY ALCOHOL BEVERAGE RELATED OFFENSES INCLUDING ANY OF THE FOLLOWING, AS A JUVENILE OR AN ADULT?

- A. Illegal purchase, sale or providing intoxicating liquor or beer? Yes ___ No ___
B. Violation of closing hours at licensed premises? Yes ___ No ___
C. Any other violations of laws pertaining to alcohol beverages? Yes ___ No ___
D. Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment? Yes ___ No ___
E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages? Yes ___ No ___

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED, AS A JUVENILE OR ADULT, OF:

- A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (Wis. Stat. 346.63)? Yes ___ No ___
- B. Operating a motor vehicle while underage of 21 with a blood alcohol of more than .0% but not more than .1% (Wis. Stat. 346.63(2)(m))? Yes ___ No ___
- C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Wis. Stat. 346.935)? Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ___ No ___

DO YOU HAVE ANY CRIMINAL OR ORDINANCE CHARGES PRESENTLY PENDING AGAINST YOU? Yes ___ No ___

DO YOU PRESENTLY HAVE ANY OVERDUE OR OUTSTANDING FORFEITURES RESULTING FROM A VIOLATION OF AN ORDINANCE OF ANY COUNTY, CITY, VILLAGE, TOWNSHIP OR TOWN? Yes ___ No ___

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

Date	Nature of Offense	County	State

Please list additional convictions on the reverse side of application.

I authorize investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to City Staff and the Common Council of the City of Ripon.

I authorize the City of Ripon to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

(State of Wisconsin)
(FOND DU LAC COUNTY)

_____, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; and all statements made by the applicant are true.

Subscribed and sworn to before me this _____ day of _____, 20____



SIGNATURE OF APPLICANT
(Sign Before a Notary)

Notary Public Signature

Commission Expiration

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card <i>(Circle One)</i>	Receipt Number:
Date application reviewed by Police Department:	Police Chief Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	Police Chief Initials:
Provisional license number and date issued:	License number and date issued:	Initial of Clerk/Deputy Clerk:

