



# APPLICATION FOR OPERATOR'S LICENSE

CITY OF EVANSVILLE CITY CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

☐ **New Operator's License: \$35.00** ☐ **Renewal Operator's License: \$35.00** ☐ **Provisional License: \$15.00**

**NOTE: APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN.**

A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. Applicant cannot reapply for a 6 month period from date of denial. If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification. You can obtain information regarding your arrest and conviction record from the police department and/or the court with which you interacted, or the Wisconsin Circuit Court Access website at: <https://www.wicourts.gov/caserearch.htm> (CCAP may not provide comprehensive list of all arrests/convictions).

<b>1. LEGAL NAME:</b>			<b>DATE OF BIRTH:</b>		
First	Middle	Last			
<b>ADDRESS:</b>			<b>PHONE:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>GENDER: Male Female</b>		
<b>Driver's License No.:</b>			<b>Issuing State:</b>		
<b>HOW LONG HAVE YOU LIVED AT ABOVE ADDRESS?</b>			<b>Former Name(s):</b>		
<b>Prior Street Address if Above Address is Less Than 5 Years State Zip From To</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>From</b>	<b>To</b>

## ARREST AND CONVICTION RECORD (Anywhere within the United States of America).

<b>2. Have you ever been charged and/or convicted of a felony?</b>	Yes	No
<b>3. Have you ever been charged and/or convicted of a misdemeanor?</b>	Yes	No
<b>4. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following:</b>		
a) Any underage alcohol violation?	Yes	No
b) Operating a motor vehicle while intoxicated?	Yes	No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	No
d) Permitting underage person on licensed premises?	Yes	No
e) Allowing persons on licensed premises after closing?	Yes	No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	No
g) Sale of legal or illegal drugs to include prescription medications or possession of any illegal drugs to include prescription medications not prescribed to you?	Yes	No
h) Fighting, disorderly conduct, assault, or battery?	Yes	No
i) Resisting arrest, interfering with a police officer or obstructing an officer?	Yes	No
j) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No

<b>5. For each YES response above, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application.</b>			
<b>TYPE OF ARREST, SUMMONS, VIOLATION OR CHARGE</b>	<b>MONTH/YEAR</b>	<b>CITY</b>	<b>STATE</b>

<b>Within the last two (2) years, did you have and/or complete one of the following:</b>	<b>Attach certificate of completion for Responsible Alcohol Servers Course</b>
<input type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> An alcohol agent for a retail alcohol license
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> The sole proprietor of retail alcohol license

**6. CERTIFICATION:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Evansville Police Department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification-and that I will not be able to reapply for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations, federal, state or local affecting the sale of fermented malt beverages and intoxicating liquors.

<b>Signature:</b> _____	<b>Email:</b> _____
<b>Printed Name:</b> _____	<b>Date:</b> _____

## FOR MUNICIPALITY USE ONLY BELOW THIS LINE

<b>Police Department Recommendation and Comments:</b>		<b>Public Safety Committee:</b>	
		<b>Approved:</b> _____ <b>Denied:</b> _____ <b>Date:</b> _____	
		<b>Clerk's Office Signature</b>	<b>Date</b>
<b>Recommend:</b> _____	<b>Non-Recommended:</b> _____	<b>Receipt #</b>	
<b>Police Chief's Signature</b>	<b>Date</b>		