

Application Date _____ Receipt # _____ Amount Received _____

License Number _____

NON-REFUNDABLE

**CITY OF ST. FRANCIS
APPLICATION FOR AN OPERATOR'S LICENSE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

All questions on this application must be answered completely and accurately and all fees must be paid before it can be processed.

NEW \$30.00 RENEWAL \$25.00 PROVISIONAL \$15.00 TEMPORARY \$10.00
(60 Days) (14 Days)

BACKGROUND CHECK \$10.00

PLEASE PRINT

NAME _____ SEX _____
Last First MI

ADDRESS _____ WI _____
Number, Street & Apt. City Zip

BIRTH DATE _____ SOCIAL SECURITY # _____ BIRTH PLACE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____

WOULD YOU PREFER TO RECEIVE YOUR LICENSE RENEWAL BY E-MAIL Yes No

DO YOU HAVE A DRIVERS LICENSE Yes No

LICENSE # _____ STATE _____ EXP. DATE _____

IF NO, EXPLAIN _____

PREVIOUS NAME OR NAMES USED:

Last/First/Middle Last/First /Middle

LIST ALL PREVIOUS RESIDENCES FOR THE PAST THREE (3) YEARS

Number Street Apt. # City State Zip

Number Street Apt. # City State Zip

Number Street Apt. # City State Zip

1. Have you ever been convicted of any offense(s), including the violation of any federal law(s), any Wisconsin law(s), any law(s) of any other states, or any ordinance(s) of any county or municipality? Yes No

If you answered "yes", list all of the following: (1) the name of the law or ordinance violated, (2) the court that convicted you, (3) the date of conviction, and (4) describe the penalty (i.e. dollar amount of fine and, if applicable, any jail or imprisonment) that was imposed. *(If more room is needed, staple another piece of paper to this form.)*

2. Are any citations or charges presently pending against you for any offenses, including the violation of any federal law(s), any Wisconsin law(s), any law(s) of other states, or any ordinance(s) of any county or municipality? Yes No

If you answered "yes", describe the citation/charges that are pending in terms of: (1) the law(s) or ordinance(s) that you have been alleged to have violated, (2) the date the citation/charges were issued, (3) the law enforcement agency involved (e.g. St. Francis Police Dept., Milwaukee County Sheriff's Dept., Milwaukee Police Dept., etc.), (4) the municipal or circuit court where the citation/charge is pending; and (5) describe the status of charges pending (e.g. "pretrial conference is scheduled on [give date], "awaiting trial", etc.): *(If more room is needed, staple another piece of paper to this form.)*

3. Do you hold, or have you ever held, any other alcohol beverage license or permit? Yes No

If you answered "yes", describe the license that you hold or held and state the name of the governmental entity that issued the license or permit (e.g. State of Wisconsin, City of St. Francis, City of Milwaukee, etc.): *(If more room is needed, staple another piece of paper to this form.)*

LIST THE NAME AND ADDRESS OF THE LICENSED ALCOHOL BEVERAGE PREMISES THAT WILL EMPLOY YOU:

Name	Address	Phone
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The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. I understand that the Police Department will do a background check based on my application. I hereby authorize the release of any and all records requested by the Police Department in its investigation and the Police Department will provide that information to the License Committee including juvenile records. I am also aware that this license will expire on June 30, 20____, and will have to be renewed before that date if I wish to continue to hold a Beverage Operator's License for the City of St. Francis.

SIGNATURE OF APPLICANT _____ DATE _____

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

 Clerk/Notary Public
 My Commission expires: _____