



COUNCIL DATE: _____ **PROVISIONAL? YES OR NO**
Provisional Issued: P__ - _____ Dates Valid: _____ - _____

OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 OFFICE (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

OPERATOR'S LICENSE - APPLICANT INFORMATION

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "no" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

OPERATOR'S LICENSE APPLICATION

This application is for a: Renewal License New License

Have you attended the Beverage Servers Training Course in the past two years? Yes No

Have you held an Operator's License in the past two years? Yes No

If so, please specify the Municipality/City _____

Have you ever had an Operator's or any type of Alcohol License suspended, revoked or denied in this or any other municipality?

Yes No If "Yes", please specify municipality _____

Name of employer/business/organization you will be working for? _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN

I hereby apply for a license to serve fermented malt beverages and/or intoxicating liquors, from date approved to June 30, of the licensing year applied for inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I 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. Yes No

I certify that I am over the age of eighteen (18) and that the completed statements are true and correct. Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been Paid will not be refunded. Do you acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Operators Licenses? Yes No

I also authorize a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests. Yes No

*Did you provide a photo copy of your non-expired driver's license or state issued identification card? Yes No

Please **mail** my license to me when it is ready Yes No

Or Call or email (I will pick up my license)

If you do not pick your license up in three business days after approval, your license will be mailed to you.

Signature

Date

OFFICE USE ONLY- Application and fees accepted by NL / AL / DH-B / _____ Date _____ / _____ / 20_____

- | | | |
|--------------------------------|------------------------------|--|
| FEES: <input type="checkbox"/> | Regular Operator License | \$35.00 + \$7.00 Background check (\$42) |
| <input type="checkbox"/> | Provisional Operator License | \$15.00 + \$42.00 Regular Operator License Fee (\$57) |
| <input type="checkbox"/> | Temporary Operator License | \$5.00 + \$7.00 Background check - Available to volunteer bartenders of non-profit organizations. (\$12) |

Total Fees collected: \$ _____

In regards to the issuance of this license, the Sun Prairie Police Department:

- _____ has no objection.
- _____ does have an objection which is detailed, with a recommendation, in the attached report.
- _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee

DATE