



OFFICE OF THE CITY CLERK

300 East Main Street
Sun Prairie, WI 53590-2227
(608) 837-2511

FAX (608) 825-6879

Website www.cityofsunprairie.com

March 2020

To all holders of Operator Licenses,

Your Operator's License will soon be expiring!

****In an ongoing effort to reduce exposure to COVID-19, face-to-face contact is being limited and only mailed-in checks and online credit card payments will be accepted****

No in-person renewals or payments will be accepted.

Enclosed is the form to renew your Operator License for the July 1, 2020 to June 30, 2021 licensing year. If this form is not completed and returned with the appropriate fees, prior to the deadline date, your license WILL expire on June 30, 2020.

To return by email:

- Answer **ALL** questions on the attached form.
- Enclose a copy of your current driver's license or State issued ID.
The application **CANNOT** be processed unless some form of photo identification is provided.
- Read the Background Check Policy. If you do not pass the background check, your fees will not be refunded.
- SIGN YOUR APPLICATION** form on the back side!
- Scan and email the completed application to Licensing@cityofsunprairie.com.
- License Fee of \$35 plus \$7 Background Check Fee, for a total of **\$42**. Submit payment by Credit Card only.
- Return all the above to our office by **Monday, April 27, 2020.**

Payment Options are:

Via Credit Card – Please note you will be charged a convenience fee of 2.35% for each transaction

When paying online - visit www.cityofsunprairie.com

- Visit the Alcohol License Renewal Information page. Click the online payments link.
- Complete the pertinent information at the top.
- Select Miscellaneous Fees.
- In the "Comments" section, type "Operator's License" and the name of the applicant.
- In the "Department" section, type "Clerk's Office"
- In the "Amount" section, type \$42.00

To return by mail:

- Answer **ALL** questions on the attached form.
- Enclose a copy of your current driver's license or State issued ID. The application **CANNOT** be processed unless some form of photo identification is provided.
- Read the Background Check Policy. If you do not pass the background check, your fees will not be refunded.
- SIGN YOUR APPLICATION** form on the back side!
- Mail the License Fee of \$35 plus \$7 Background Check Fee, for a total of **\$42**. **Submit payment by CHECK only.**
- Mail application and check (if applicable) to: City Clerk's Office, 300 E Main Street, Sun Prairie, WI 53590.
- Return all the above to our office by **Monday, April 27, 2020.**

Payment Options are:

- Via Check** – Make Checks payable to the "City of Sun Prairie"
Mail to: Clerk's Office, 300 E Main Street, Sun Prairie, WI 53590,

Phoned-in Credit Card payments **will not** be accepted. In order to process operator's licenses in a timely manner, please notify the Clerk's Office (at the email listed below) if you make an online payment. Additionally, indicate on your application somewhere that your renewal was paid online.

If you have any questions, please call our office at 837-2511.

Thank you,

Arrin M Linzenmeyer

Arrin M Linzenmeyer
Deputy City Clerk - City of Sun Prairie
300 East Main Street
Sun Prairie, WI 53590

Office: 608-837-2511 // Fax: 608-825-6879
Email: licensing@cityofsunprairie.com



COUNCIL DATE: _____ PROVISIONAL? YES OR NO

Provisional Issued: P__ - _____ Dates Valid: _____ - _____

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Website www.cityofsunprairie.com

Include a copy of your:
 Driver License or Photo ID

*****ONLY MAILED IN CHECKS AND ONLINE CC PAYMENTS ACCEPTED***
NO IN-PERSON RENEWALS AND PAYMENTS WILL BE ACCEPTED**

(See Operator License Renewal Letter for CC payment instructions)

RENEW - 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 CHARGED OR CONVICTED IN THE PAST THREE (3) 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 ONLY

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? 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.

X

Signature _____

Date _____

OFFICE USE ONLY - Application and fees accepted by _____ 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 _____