

RENEWAL APPLICATION FOR AN OPERATOR'S LICENSE

(All questions must be answered fully and completely)

I hereby apply for a license to serve, from now to July 1, 20__ 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 of the Wis. Statutes and all acts amendatory thereof and supplementary thereto, and 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 be granted to me.

1. Name of Applicant (Print) _____
First Middle Last

Have you ever used a different name (Maiden, Previous Marriage, Legal Name Change)? Yes No
If "Yes", please list all names. Use reverse side if necessary.

2. Address of Applicant _____
Street City/Village/Town State/Zip

3. How long have you lived at above address? _____ If less than 10 yrs, please submit previous addresses on reverse side.

4. Telephone Number _____ Date of Birth _____ Sex M F

5. Driver's License Number _____ 6. Social Security Number _____

7. Have you held an operator's (bartender's) license within the past 2 years? Yes No
 Have you completed a Responsible Beverage Service Training Course within the past 2 years? Yes No
 Where will you be working in the City of Darlington? _____

8. Have you been convicted of violating any Federal, State or Local Laws or Ordinances?
 (Exclude minor traffic offences) Yes No

If "Yes", give details. Use reverse side if necessary. _____
Date Court Nature of Offense

I, _____, swear that the information provided in this application is true and correct to the best of my knowledge and belief, and that I am the person who signed the foregoing application for an operator's license.

_____ _____
Date Applicant's Signature

POLICE DEPARTMENT USE ONLY. DO NOT WRITE BELOW THIS LINE				
I have received the information submitted within this application and have found it to be:			Accurate	Inaccurate
COMMENTS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCAP	ETIME	C.H.	Local Records	
APPROVED:	YES	NO		
Date			Police Department Representative	

Office Use Only				
Clerk: _____	Approved / Denied	\$15 Operator License	Receipt # _____	License #: _____