

## 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? Yes    No  
 (Exclude minor traffic offences)

If "Yes", give details. Use reverse side if necessary. \_\_\_\_\_

Date
Court
Nature of Offense

STATE OF WISCONSIN, }  
 COUNTY OF LAFAYETTE}    SS

The undersigned being first duly sworn on oath, deposes and says that he/she is the applicant named in the foregoing application and he/she has read (or had read) each of the questions in said application and that he/she has made complete answers to each questions, and that he/she said answers are true and correct.

\_\_\_\_\_ Date Applicant's Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_ My Commission expires \_\_\_\_\_  
 Notary Public

**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:

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license. Yes    No

COMMENTS:

**APPROVED:    YES    NO**

Date Police Department Representative

Office Use Only

Clerk: \_\_\_\_\_ Approved / Denied    \$15 Operator License    Receipt # \_\_\_\_\_    License #: \_\_\_\_\_