

NEW 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, _____ to June 30, _____ 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)?

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 _____

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

7. Have you held an operator's (bartender's) license within the past 2 years?
 Have you completed a Responsible Beverage Service Training Course within the past 2 years?

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)

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 | \$25 Operator License | Receipt # _____ | License #: _____ |