

New _____ If new, please attach Learn to Serve Certificate.
Renewal _____

APPLICATION FOR OPERATOR'S LICENSE

TO THE TOWN CLERK OF THE TOWN OF DUNN, WISCONSIN:

I hereby apply for a license to serve from date hereof to June 30, _____ inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 66-054(11) and 176-05(11) of the Wisconsin Statutes and all acts amendatory thereof and ordinances and regulations, Federal, State of Local, affecting the sale of such beverages and liquors of a license be granted to me. I certify that I am a citizen of the United States and that the following completed statements are correct and true.

(PLEASE PRINT NEATLY)

Name of Applicant _____ Gender M/F
(First) (Full Middle) (Last)

Address of Applicant _____ DOB ____/____/____
(No.) (Street) mm/dd/yyyy

(City) (State) (Zip Code)

Social Security Number: _____ Driver's License Number _____ State _____

Ethnicity: White Black Asian or Pacific Islander American Indian or Alaskan Native

Phone Numbers: Cell _____ Home _____

Current Employment or School Attending: _____

Have you been convicted of any felony or misdemeanor crimes (including traffic crimes) in Wisconsin or any other state in the United States? If yes, what crimes, dates of conviction, and County & State of conviction:

Have you even been convicted of any non-criminal traffic violations or local ordinances? If yes, what offenses, date of conviction, and city/county/state of conviction:

Have you ever been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? If yes, what offenses, date of conviction, and city/county/state of conviction:

(TURN OVER AND COMPLETE TOP OF PAGE 2)

Name of employer for which license is intended: _____

I understand the fee of \$25.00 is not refunded if this application is denied.
I understand that an incomplete and/or inaccurate application will be denied.

Date of Application: ___/___/___ Signature of Applicant: _____
mm/dd/yyyy

DO NOT WRITE BELOW THIS LINE

Fee \$ _____ Received by: _____

Date: ___/___/___
mm/dd/yyyy

TOWN OF DUNN POLICE DEPARTMENT

Records Checked: CCAP ___ Summit ___ DOT ___

Criminal History: _____

Driver's License History: _____

Ordinance Violation History: _____

Officer's Recommendations:

Approval: YES _____

NO _____; If NO, recommend appeal to The Board YES/NO

Town of Dunn: Approval YES/NO

Dane County Case Number _____
