OPERATOR LICENSE APPLICATION TOWN OF BURKE DANE COUNTY, WISCONSIN

(All Fees are Non-refundable)

_\$35.00 New ____\$25.00 Renewal ____\$15.00 Provisional

 Filling out your application An Operator License is a privilege, not a rig public trust, will automatically void considerat This application must be filled out accurated 	ion for this approval.	sions made on the application which is for a posi
 Applicants must be at least 18 years old If you have any doubt as to whether to include If you are unsure about how to respond to any You can obtain information regarding your crime 	the facts of a specific incident, it i questions on this form, check with minal history from the police depa	is recommended that you disclose the informatio h the Town Clerk for clarification. artment, the court with which you interacted, or t
Wisconsin Circuit Court Access website at www	vw.wcca.wicourts.gov/index.xsl	
	Fraining Course. For training and	alid Operator License in any Wisconsin Municip course information you may go to the Wisconsir tml.
		ion you have provided is complete and accurate. ideration hearing before the Board at its next mo
Name of Applicant		Date//
(Last)	(First)	(MI)
Address	City	Zip
Date of Birth//		Home Phone
Drivers' License Number (State & Number)		
Name of Establishment where license will be pos	sted	
Contact person & Phone number		
Have you ever been convicted of violating any lie liquor?	cense law or ordinance regula	lating the sale of beverages or intoxicating
Since your 17 th birthday, have you ever been con If yes, list each conviction and spe whether the events giving rise to the conviction of	cify whether the offense relat	ted to the use of intoxicating beverages ar
As a juvenile, were you ever waived into adult co	ourt and convicted of a felony	y or misdemeanor?

Have you ever been convicted by military court-martial? ______ If yes, list______

If yes, list_

Are you currently subject to any pending charges? ______If yes, list_each pending charge and specify whether the offense relates to the use of intoxicating beverages and/or whether the events resulting in the charges occurred at an establishment that sells intoxicating beverages. ______

Are you currently the subject of any outstanding warrants? If yes, list each outstanding warrant and specify
whether the grounds or charges upon which the warrant is based relate to the use of intoxicating beverages and/or whether
he events resulting in the grounds or charges upon which the warrant is based occurred at an establishment that sells
ntoxicating beverages

Are you at least 18 years of Age? _____

Have you submitted a copy of your WI Seller/Server certificate?

READ CAREFULLY BEFORE SIGNING

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident. I authorize the Town of Burke, Wisconsin, to check the above information for verification and conduct a background check. And I further understand that any false statements or omissions made on this application, which is for a position of public trust, will automatically void consideration for its approval.

Applicant's Signature

For Office Use Only		
PROVISIONAL LICENSE NUMBER OPERATOR'S LICENSE NUMBER		
BARTENDER/ALCOHOL AWARENESS CERTIFICATE FILED//		
RECORD CHECK SENT FOR/ RECORD CHECK RETURNED//		
DATE BOARD APPROVED//		
Subject has no criminal arrest record with Wisconsin Circuit Court Access.		
Files indicate that subject has the attached Criminal Arrest Record.		