

OPERATOR'S LICENSE APPLICATION

Check which applies:

\$15.00 Provisional

\$20.00 New/Renewal

| * The Town of Elba will perform a background check to verify that the information you have provided is complete & accurate. * If there are concerns about your arrest and/or conviction record as it relates to your application, or if it appears that you falsified or omitted information from your application, you may be called to appear before the Town Board. Last Name: | For Office Use Only License # | | Provisional # | | For Office Use Only | | | | |
|---|---|---|-------------------------------|-------|---------------------|--|--|--|--|
| * This application must be filled out accurately and completely. * If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information. * If you are unsure about how to respond to any questions on this form, check with the Town Clerk for clarification. * You myst provide a copy of the Alcohol Awareness Course Completion Certificate (<i>not required for renewals</i>) Review of your application: * The Town of Elba will perform a background check to verify that the information you have provided is complete & accurate. * If there are concerns about your arrest and/or conviction record as it relates to your application, or if it appears that you falsified or or omitted information from your application, you may be called to appear before the Town Board. Last Name: Keidence: Street Address: Date of Birth: Date of Birth: Date of Birth: Driver's License Number: Keidence: Street Address: City/Village/Town of | Filling out your application: | | | | | | | | |
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| Yes No | ARREST AND CONVICTION RECORD | | | | | | | | |
| | 1. Have you been convicted of any felony or o | of violating any law of the State of Wiscor | nsin or of the United States? | | | | | | |
| 2. Have your been convicted of violating any license law or ordinance regulating the sale of | | | | Yes | No | | | | |
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| Fermented Malt Beverages or Intoxicating Liquor? Yes No | Fermented Malt Beverages or Intoxicating | Liquor? | | Yes | No | | | | |
| IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS IN THIS SECTION, COMPLETE THE FORM ON BACKSIDE OF THIS DOCUMENT | | | | | | | | | |
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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's License is a Wisconsin resident.

| IF YOU ANSWERED "YES" TO QUESTION NUMBER 1 | | | | | | | |
|--|------|----------|--|---|--|--|--|
| CHARGE | YEAR | LOCATION | At the time of incident were you under the influence of alcohol and/or drugs? | Did incident occur in or around an establishment that serves alcohol? | | | |
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| IF YOU ANSWERED "YES" TO QUESTION NUMBER 2 | | | | | | | |
| CHARGE | YEAR | LOCATION | At the time of incident were you under the influence of alcohol and/or drugs? | Did incident occur in or around an establishment that serves alcohol? | | | |
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To be filled out by the Town of Elba

Applicant has no criminal arrest record

Files indicate that applicant has the attached criminal arrest record