



# OPERATOR'S LICENSE APPLICATION

Check which applies:

\$15.00 Provisional \_\_\_\_\_

\$20.00 New/Renewal \_\_\_\_\_

For Office Use Only	License # _____	Provisional # _____	For Office Use Only
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**Filling out your application:**

- \* An Operator's License is a privilege, not a right. **Any false answers or omissions may result in the denial of your application.**
- \* 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.
- \* Your application will not be processed until you take care of outstanding warrants.
- \* **You must provide a copy of the Alcohol Awareness Course Completion Certificate**

**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 omitted information from your application, you may be called to appear before the Town Board.

Last Name: _____	First Name: _____	M.I.: _____
Residence: Street Address: _____	City: _____	State _____ Zip Code _____
Phone Number: _____	Date of Birth: _____	Driver's License Number: _____ State Issued: _____

If a renewal (within the past 2 years) held a Class "A", "Class A", "Class C", Class "B" or "Class B" License or a Manager's or Operator's License? \_\_\_\_\_

If so, where? City/Village/Town of \_\_\_\_\_ Yes/No \_\_\_\_\_

(circle One)

As required by WI State Statutes Section 125.17(6), have you completed the alcohol awareness course: \_\_\_\_\_

**(Copy of Completion Certificate MUST accompany this application for all applicants)** Yes \_\_\_\_\_ No \_\_\_\_\_

**ARREST AND CONVICTION RECORD**

1. Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?	Yes _____	No _____
2. Have your been convicted of violating any license law or ordinance regulating the sale of 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**

*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.*

\_\_\_\_\_ DATE

\_\_\_\_\_ APPLICANT'S SIGNATURE

**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?

**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?

**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

\_\_\_\_\_  
Town of Elba Authorized Signature

\_\_\_\_\_  
Date