CITY OF PORT WASHINGTON OPERATOR'S LICENSE APPLICATION

☐ **ORIGINAL OPERATOR - $35.00** **COURSE COMPLETION_____**

☐ **PROVISIONAL OPERATOR - $15.00** **LICENSE PERIOD: July 1, 2020 – June 30, 2021**

I, the undersigned, do hereby make application to the Common Council of the City of Port Washington for an Operator's License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of Port Washington Ordinances.

INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY; PLEASE PRINT LEGIBLY. FAILING TO LIST VIOLATIONS, PROVIDING INACCURATE INFORMATION, OR OMITTING INFORMATION FROM THIS APPLICATION MAY BE GROUNDS FOR DENIAL AND/OR REVOCATION OF A LICENSE.

1. First Name_____ Middle Name_____ Last Name_____

2. Any other names you have used or have gone by_____

3. Current address_____
Address City State ZIP

4. List prior address (use back of sheet if necessary)_____

_____

5. Date of birth_____ Age_____ Home Phone_____ Cell Phone_____

6. Drivers license number_____

7. Current place of employment as bartender_____

8. Have you ever been convicted of a felony or misdemeanor? (Please circle one) YES NO If yes, provide date, nature of offense and state of conviction_____

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9. Have you ever been ticketed, charged or convicted of any violation of federal, state or local laws including any traffic violations, underage alcohol offenses, or drug offenses? (Please circle one) YES NO If yes, provide all violations with date, city, state and penalty imposed. Use back of form if necessary_____

_____

10. Do you have any pending charges? (Please circle one) YES NO If so, describe where/what _____

_____

11. Do you now hold or have you ever been granted any license or permit associated with the sale of alcoholic beverages? (Please circle one)

YES NO If yes, list license type, dates held and issuing jurisdiction _____

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12. I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the City of Port Washington permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature of Applicant _____ Date _____