



CITY OF DOGEVILLE OPERATOR LICENSE APPLICATION
TO SERVE FERMENTED MALT BEVERAGE & INTOXICATING LIQUORS

Pursuant to Section 12.02, subject to limitations imposed by
Wis. Stats. 125.17 and 125.68(2)

CHECK ONE: 1-Year \$30 [] 2-Year \$50 [] Temporary (Single Event) \$10 []

CHECK ONE: Renewal Application [] New Application []

Answer the following questions fully and completely.

Name of Applicant: _____ Phone: _____
First Middle Last

Address of Applicant: _____
Street City State Zip Code

Date of Birth _____ Social Security # _____ Sex _____ Race _____

Drivers License # _____ State _____

How long have you continuously resided in Wisconsin? _____

Place of employment as an Operator? _____

How long have you been employed as an Operator? _____

Completed Beverage Server Training? YES [] NO [] (if yes where) _____

Copy of Certificate of completion to be provided to City for new applicants.

Have you ever been arrested for any crime? YES [] NO []

If yes, for what and when? _____

Have you ever been convicted of any crime? YES [] NO []

If yes, for what and when? _____

Are there pending criminal charges against you? YES [] NO []

If so, what? _____

Have you ever been arrested for or convicted of any alcohol-related offenses? (Offenses may include, but are not limited to: operating a motor vehicle while intoxicated, underage drinking, procuring alcohol to underage persons, open intoxicants, etc.) If so, explain:

The undersigned affirms that he/she completed this form and answered the questions completely and honestly. The applicant understands his/her record will be check by the Dodgeville Police Department. False information on this application may result in denial.

Signature Date of Application

** FOR OFFICE USE ONLY **

PAID: [] Operator \$30 (1 year) [] Operator \$50 (2 year) [] Temporary \$10

Date Filed: _____ Date Approved/Issued: _____

Council Approval (if requested by staff): [] YES [] NO Date: _____

Reason for denial, if not approved: _____