

CITY OF DE PERE LICENSE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE



**July 1, 2016
Thru
June 30, 2018**

Check all that apply:

- Operator License Fee: \$55.00
- Check if application is a renewal
- Operator and Provisional License: \$70.00
- Temporary Operator License Fee: \$21.00

Date Needed: _____

Event Name: _____

Total Due (Non-Refundable): _____

APPLICANT _____
Last First Middle Maiden/Alias

HOME ADDRESS _____
Street Address City State Zip

PREVIOUS ADDRESS _____
Street Address City State Zip

DATE OF BIRTH _____ AGE (At time of application) _____ HM. PH. # _____

CELL PH. # _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE or WISCONSIN ID # _____ STATE ISSUED _____

PLACE OF EMPLOYMENT UNDER THIS LICENSE _____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? CIRCLE THE APPROPRIATE ANSWER.

If application is a renewal, please list only those violations occurring in the past two years.

- FELONIES (No date limit) YES NO
- MISDEMEANORS (No date limit) YES NO
- LOCAL ORDINANCE OFFENSES *Do not list traffic or parking violations* YES NO
- ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

LIST DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY.

VIOLATION	DATE	LOCATION	GUILTY/DISMISSED

APPLICANTS MAY BE DENIED FOR INCOMPLETE OR INACCURATE FORMS. ALL ITEMS MUST BE COMPLETED. ALLOW 3 WEEKS FOR PROCESSING.

X _____
Applicant Signature

X _____
Notary Public – State of Wisconsin County of Brown SUBSCRIBED
AND SWORN TO BEFORE ME THIS ____ DAY OF _____ 20 ____.
My Commission expires _____.

Official Use Only- Date Received: _____ **Receipt#:** _____ **Approval Date:** _____ **License#** _____

Subject has no arrest/conviction record with either the Wisconsin State Crime Bureau or with the De Pere Police Department

Files indicate the subject has the following/attached (Arrest)(Conviction) record

Comments: _____

De Pere Police Dept. Authorized Signature: _____ **Date:** _____