

**CITY OF TOMAH APPLICATION FOR BEVERAGE
OPERATOR'S LICENSE**

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even rejection of the application.

Date: _____ Employer Requesting License: _____

NEW _____ RENEWAL _____ PROVISIONAL _____
(60 DAYS) (Limit 1/No Extensions)
For the License Year Expiring June 30, 20 _____

NAME: _____
Last First Middle

PREVIOUS NAME(S) USED:

SOCIAL SECURITY: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____
Number Street Apt. No. City State Zip

HOME PHONE: _____ WORK PHONE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes _____ No _____ State Issued: _____

License #: _____ Expiration Date: _____

If no, explain _____

Have you taken the Legal/Responsible Beverage Service Course? Yes _____ No _____

If yes, when, where and date? _____

If no, when, where and date of enrollment? _____

CHECK THE APPROPRIATE ANSWER TO THE QUESTIONS BELOW:

1. Have you been convicted of any alcohol beverage related offenses including any of the following, in the last 24 months?
 - A. Illegal purchase, sale or providing intoxicating liquor or beer?
Yes _____ No _____
 - B. Violation of closing hours at a licensed premises?
Yes _____ No _____
 - C. Any other violation of the law pertaining to alcohol beverages, to include underage alcohol convictions as an adult (age 18, 19 or 20)?
Yes _____ No _____
 - D. Manufacturing, distributing, delivering or possessing illegal drugs/controlled substances?
Yes _____ No _____
 - E. Disorderly Conduct or Criminal Damage to property in direct connection to activity at a licensed alcohol establishment?
Yes _____ No _____
 - F. Resisting arrest, battery to a police officer or obstructing justice in direct connection to activity at a licensed alcohol establishment?
Yes _____ No _____

2. Have you as a juvenile or adult been convicted in the last 24 months of:

A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (sec. 346.63, Stats.)?

Yes _____ No _____

B. Operating a motor vehicle while under age of 19 with a blood alcohol of more than .0% but not more than .1% (sec. 346.63(2M), Stats.)?

Yes _____ No _____

C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (sec. 346.935, Stats.)?

Yes _____ No _____

3. Have you been convicted of a felony in the last five (5) years which involved alcohol, drugs and/or other behavior that occurred in direct connection to activity at a licensed alcohol establishment?

Yes _____ No _____

4. Do you have any criminal charges pending against you at the present time?

Yes _____ No _____

5. Do you have any traffic or municipal charges pending against you at the present time?

Yes _____ No _____

6. Do you presently have any overdue or outstanding fines, forfeitures, penalties, assessments and/or user fee owed to the City of Tomah?

Yes _____ No _____

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

I hereby certify and affirm that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license and may result in criminal prosecution. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand that the Police Department will do a record check from the Wisconsin Crime Information Bureau (CHRI), the Department of Transportation and a local records check based on my application. I hereby authorize the release of any and all records, including juvenile matters, which are requested by the Police Department in its investigation and hereby consent to the disclosure of said information to the Claims, Accounts and Licenses Committee.

SIGNATURE OF APPLICANT ATTESTING AFFIRMATION _____ DATE _____

FOR OFFICIAL USE ONLY

CITY CLERK: LICENSE FEE PAID \$ _____ RECEIPT NO. _____

LICENSE NUMBER _____

Application processed by: _____

CLERK'S OFFICE:

CHRI: clear record _____ has record: _____
CIB: clear record _____ has record: _____
NCIC: clear record _____ has record: _____

Record Check Done By: _____ Date: _____

POLICE DEPARTMENT:

Local check: clear record _____ has record: _____

DOT: Also known as listed: _____

Local check ran through: _____

Record information: _____

Record Check Done By: _____ Date: _____

PROVISIONAL LICENSE RECOMMENDATION: N/A _____ Approved _____ Denied _____

Reason(s) for Denial: _____

Signature of Chief of Police: _____ Date: _____

COMMITTEE OF THE WHOLE:

RECOMMENDATION: Approved / Denied on _____

Reason(s) for Denial: _____

ACTION OF CITY COUNCIL: Approved / Denied on _____

Reason(s) for Denial: _____

WARNING

PLEASE READ OVER YOUR APPLICATION BEFORE SIGNING. PER THE PARAGRAPH ON PAGE TWO, "FALSIFICATION OF ANY INFORMATION, MAY RESULT IN CRIMINAL PROSECUTION." THIS COULD RESULT IN A FELONY CONVICTION. IF IN DOUBT, ASK. AFTER YOU SIGN THE APPLICATION, IT COULD BE TOO LATE. AFTER THE FACT, TO SAY YOU "FORGOT" OR "DID NOT THINK IT PERTAINED" MAY NOT BE A LEGITIMATE DEFENSE. THE POLICE DEPARTMENT WILL CONDUCT A CHECK OF YOUR RECORD TO VERIFY THE APPLICATION.

EXAMPLES OF WHAT SOME PEOPLE HAVE LEFT OFF ARE: UNDERAGE DRINKING AT AGE 18, 19 OR 20 OR A DRUNKEN DRIVING CONVICTION FROM ANOTHER STATE.

Signature