



City of Columbus
 105 N. Dickason Blvd.
 Columbus, WI 53925
 (920) 623-5900
www.cityofcolumbuswi.com

Operator License Application

July 1 – June 30, 20____

\$50 Fee

ANSWER ALL QUESTIONS – INCOMPLETE APPLICATIONS MAY BE RETURNED

Application Type: New License Renewal License

Last Name			First Name		Middle Name	Other Names Used/Maiden Name		
Sex	Height	Weight	Hair Color	Eye Color	Date of Birth	Applicant's Driver's License or ID Number & Issuing State <i>Applicant must provide photocopy of DL or State Issued ID</i>		
Current Permanent Residence Address								
STREET					CITY/STATE/ZIP			
Home Phone Number			Cell Phone Number			Email Address		
Are you a Wisconsin Resident?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If "no" please list the state you are a permanent resident of and how long you have been a resident there.		
Have you taken the Beverage Servers Training Course in the past two years?						Yes		No
Have you held an Operator's License in the past two years?						Yes		No
If so, which municipalities? <i>Provide a copy of current license(s)</i>								
Have you ever had any type of alcohol license suspended, revoked, or denied (including Operator's licenses)?						Yes		No
If so, which municipalities? Include the date(s) of suspension(s).								

List all (including pending) felony, misdemeanor, and municipal convictions within the past five (5) years from this or any other state, county, or municipality. If no charges, please indicate "none". Use additional pages to list all matters, if necessary.

Date	Nature of Charge(s)	Jurisdiction Where Charged (City/State/Country, if known)	Status (Pending, Convicted, Resolved, etc.)

List complete residence history for the past five (5) years. *If no changes in the past five years, please indicate so below.*

Dates at Address	Address	City/State

INITIALS

I hereby apply for a license to serve fermented malt beverages and/or intoxicating liquor, from the date approved until the June 30th of licensing year applied for, unless sooner revoked, subject to the limitations imposed by Wisconsin Statute and City of Columbus Ordinances, and all acts amendatory thereof and supplementary thereto.

I hereby agree to comply with all laws, Resolutions, Ordinances, and regulations at all levels of government (Federal, State, or local) affecting the sale of such beverages and liquor if a license is granted to me.

I hereby understand that an operator license is a privilege, not a right and that the application must be filled out accurately, honestly, and completely.

I authorize a review of, and full disclosure of, any and all records, files, and reports which include any police contact and/or arrests.

I am aware the application fee is non-refundable if the license is not granted and that there is a \$5.00 license replacement fee.

Applicant Signature

Date

**PROVISIONAL LICENSE ONLY - MUST BE COMPLETED BY APPLICANT'S EMPLOYER
 (RENEWALS NOT ELIGIBLE)**

TO THE COMMON COUNCIL OF THE CITY OF COLUMBUS:

In compliance with § 125.185 of the Wisconsin Statutes and all acts amendatory and supplementary of that section, to the best of my knowledge, the applicant has not been convicted of, nor has any charge pending, of any felony, misdemeanor or ordinance violation, the facts of which would affect the applicant's fitness to serve intoxicants. To the best of my knowledge, the applicant has a place to work, is at least 18 years of age, and is of good moral character. I certify that I shall reimburse the City for any expenses incurred by the City in revoking the applicant's operator license and all statements made by me are true

 Name of Applicant

 Sponsor Signature

 Place of Business Name and Address

 Printed Sponsor Name

OFFICE USE: Application accepted by: _____ Date accepted: _____

CPD: Has no objection Recommends further review and consideration from Police Chief

 Signature of Police Chief/Designee Date

Record check completed by CPD _____