

NEW _____
RENEWAL _____

Pd. Rec. # _____
Mail / Pick Up _____

APPLICATION FOR OPERATOR'S LICENSE

TO THE COMMON COUNCIL OF THE CITY OF PESHTIGO, WISCONSIN:

I hereby apply for a license to serve from date hereof to June 30, _____ inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquor if a license be granted to me. I certify that I am a citizen of the United States and the following completed statements are correct and true.

Phone No. _____

(Please PRINT)

Name of Applicant _____ Male _____ Female _____
(First) (Middle) (Last)

Address of Applicant _____
(Street) (City) (State) (Zip)

Date of Birth _____ Social Security Number _____

Driver's License No. (State) _____

Since when have you been a resident of the State of Wisconsin continuously?

_____ List places of residence for the past 5 years (and dates of residence).

Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

_____ Date of such conviction _____

_____ Name of Court _____

_____ Nature of Offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? _____

_____ Name of Employer for which license is intended _____

STATE OF WISCONSIN

_____ County

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Applicant's Signature

Approval: Recommended - Not Recommended
By Peshtigo Police Department

Subscribed and sworn to before me
this _____ day of _____.

Signed: _____
(Peshtigo Police Department)

Notary Public/Clerk County, WI

DO NOT FILL OUT THIS SIDE - FOR POLICE DEPARTMENT USE.

PESHTIGO POLICE DEPARTMENT

RECORD CHECK FORM

SUBJECT: _____ a.k.a.: _____
Address: _____ DOB: _____ Case No.: _____

AGENCIES:

Peshtigo Records _____

Marinette County Records _____

CIB _____
NCIC _____
Net Message No. _____ Addressed to _____
MVD _____

Note: All Net Messages to be State (Wisconsin) wide only, unless subject is from or has been out-of-state and then it should be state wide plus addressed to those out-of-state agencies, etc. Notations should be as to whether the subject is in custody or not and also to rush the reply.

Date: _____ Name: _____

REMARKS: _____

