



CITY OF WAUWATOSA

7725 WEST NORTH AVENUE
WAUWATOSA, WI 53213
Telephone: (414) 479-8917
Fax: (414) 479-8989
www.wauwatosa.net

Date _____

- ☐ \$55.00 Annual Fee (01-311-4100-000)
☐ \$15.00 Provisional Fee (same)
☐ \$15.00 Late Fee (01-311-4900-000)
☐ \$15.00 Background Check (01-521-4160-000)
MATC certificate or valid license submitted? Yes ☐ No ☐

ORIGINAL OPERATOR LICENSE APPLICATION

License year: July 1, 20____ to June 30, 20____

Filling out your application – PLEASE READ CAREFULLY

*Date Scanned to Police Dept. _____ by _____

- ☐ An Operator License is a privilege, not a right. **Failing to list ALL violations, providing inaccurate information or omitting information from this application may be grounds for denial.**
- ☐ If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.

Review of your application

- ☐ The Wauwatosa Police Department will perform a background check to verify that the information you have provided is complete and accurate. You will be required to be fingerprinted at the Wauwatosa Police Department.
- ☐ The City Clerk is authorized to approve, and is delegated the authority and directed to deny an Operators' License application based on the information provided by the applicant and the results of the Wauwatosa Police background check.
- ☐ The criteria for issuance and denial is provided upon the submission of your application. Please read the criteria in its Entirety in order to have a full understanding of the outcome of your review.

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Middle Name _____

*Maiden name or other names known by _____

Address _____ City _____ State _____ Zip Code _____

*If resident of above address is less than (3) years list previous address _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ City and State where you were born _____ ☐ Male /Female ☐ Race _____

Indicate whether you are a U.S. Citizen, U.S. Alien, or Temporary Resident: ☐ U.S. Citizen / ☐ U.S. Alien ☐ / Temporary Resident ☐

Driver's License Number (State & Number) _____ Exp. Date: _____

Social Security Number _____ Name of business where you are employed as an Operator _____

Address _____ Phone _____ Contact Person _____

1. Do you have a current, valid driver's license? _____ If not, describe circumstances, give dates of revocation and terms for reinstatement: _____

2. Do you have any unpaid or outstanding fines, tickets, warrants? _____ If yes, describe and give dates and issuing jurisdiction: _____

3. Have you been arrested or convicted of violating any statute or ordinance regulating the sale of beer or liquor? _____

If yes, describe the circumstances and give conviction date(s) and jurisdiction(s): _____

4. Have you been arrested or convicted, either as an adult or juvenile, of violating any other laws of the United States, State, County, City, Village or Town, relating to the use or abuse, of alcohol or controlled substance, or of operating a vehicle while intoxicated, within the past 5 years? _____ Are there any charges of any kind pending against you? _____

If yes, describe the circumstances and give conviction date(s) and jurisdiction(s): _____

5. Except as previously stated on this form, have you been convicted of, paid a fine for, or received a citation for the commission of a crime or for violating any state, federal or local laws, either as an adult or juvenile? _____

If yes, describe and give conviction date(s) and jurisdiction(s): _____

6. Do you now hold or have you ever been granted any license associated with the sale of alcoholic beverage? _____

If yes, list type of license, date(s) held and issuing jurisdiction(s): _____

7. Have you completed the training course for Responsible Beverage Service? _____ If yes, where and when: _____

If not, are you currently registered to attend or complete a training course for Responsible Beverage Service? _____

8. I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the City of Wauwatosa permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature of Applicant: _____ Date: _____

POLICE DEPARTMENT USE ONLY

For Fingerprinting appointment call **Terri at 471-8430** ext. 5103

Wauwatosa Police Department – 1700 N. 116th Street, Wauwatosa, WI 53226

List all discrepancies with above statements: _____

Fingerprinted by: _____

Date: _____ **RIGHT INDEX PRINT:**

Issuing Clerk's Initials: _____

Date: _____ **Provisional?** Yes ☐ / No ☐ **Provisional License #** _____