

**TO: Applicants for Operator Licenses**

**FROM: Marie A. Moe, WCPC, MMC  
City Clerk**

The application for a new, provisional or renewal Operator's License asks questions regarding past convictions or arrests under State or Federal Laws, either as adult or juvenile. These questions **MUST** be answered truthfully. Please read these questions carefully.

The Police Department will perform a background check on all applicants. If the information on the application is **NOT** correct, your application **WILL** be denied. The Legislative and Regulatory Committee has adopted the "Parameters for Denial of an Operator License" as a guideline for license denials. If you have been convicted twice of any of the offenses listed, your application will be denied. If you have any questions, please ask before completing the application.

**PARAMETERS FOR DENIAL OF AN OPERATOR LICENSE**

1. Falsifying the Application.
2. Two or convictions of underage selling during the past 5 years.
3. Convicted of any substance abuse twice during the past 5 years.
4. Convicted of driving under the influence of any alcohol or controlled substance twice during the past 5 years.
5. Two convictions of allowing a person to use operator's license during the past 5 years.
6. Two convictions of selling to an intoxicated person during the past 5 years.
7. Two convictions of selling after hours during the past 5 years.
8. Two convictions of selling without a license during the past 5 years.
9. Convicted of giving away intoxicating liquor to evade provisions of law twice during the last 5 years.
10. Two convictions of any part of Chapter 125 State Statutes relating to alcohol beverages during the past five years.
11. Two other or convictions of charges related to the activities performed while bartending within the last 5 years.
12. Any habitual law offender or felon where the circumstances of the charges substantially related to the licensing activity.

Any person denied a license may appeal the decision. The request will be made through the City Clerk's office and will be placed on the Council agenda. **IF YOUR APPLICATION SHOULD BE DENIED BY THE COMMON COUNCIL, FEES ARE NON-REFUNDABLE AND YOU CANNOT RE-APPLY UNTIL THE NEXT LICENSE YEAR.**

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**CITY OF PORTAGE**  
**APPLICATION FOR LICENSE TO SERVE**  
**FERMENTED MALT BEVERAGES & INTOXICATING LIQUORS**

To the Clerk of the City of Portage, WI: I hereby apply for a License to serve 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 beverage and liquors if a license be granted to me.

<b>For Office Use</b>	
Receipt No.	_____
Date:	_____
License No.	_____

**APPLICANT MUST BE 18 YEARS OF AGE OR OLDER TO APPLY**

**Application Type:**

- New** \$40  
 **Renewal** \$40--\$20.00 for 6/30/2020 only  
 **Provisional** \$15

**New applicants must provide a copy of the Beverage Server Training completion certificate.**

**Certificate attached?**  Yes

Have you completed the Beverage Server Training Course within the past two years?  Yes  No

Have you held an operator's license in the past two years?  Yes  No

If Yes, which municipality \_\_\_\_\_

Have you ever had an Operator or any type of Alcohol License suspended, revoked, or denied?  Yes  No

If YES, which municipality \_\_\_\_\_

Have you read the Parameters for Denial of an Operator License attached to this application?  Yes  No

Name of the licensed establishment(s) where you will be working. \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Have you ever used any other name(s) or alias(es)?  Yes  No

If yes, Please state full name(s) or alias(es) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Current Address Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you continuously resided in the State of Wisconsin as of the date of this application? \_\_\_\_\_ years

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

First

Middle Initial

Last

Maiden

**NOTE: If you need assistance in answering the questions below, please contact the Local Police Dept., the County Sheriff's department or the authority who made the arrest, issued the citation or the summons.**

1. Have you ever been convicted of a felony (unless pardoned)  Yes  No

If YES, complete all information in the box below. If more space needed attach additional page.

Date of Conviction	Location of Charge (City, County)	Felony	Penalty Imposed

2. Have you been arrested or convicted of violating any other laws of the United States, State, County, City, Village or Town, relating to the use or abuse (either as an adult or juvenile) of alcohol or controlled substances within the past 5 years?  Yes  No

If YES, complete all information in the box below. If more space needed attach additional page.

Date of Conviction	Location of Charge (City, County)	Violation	Penalty Imposed

3. Are there charges of any kind pending against you (either as an adult or juvenile)?  Yes  No

If YES, complete all information in the box below. If more space needed attach additional page.

Offense Date	Location of Case (City, County)	Court Date	Violation	Description of Charges	Status

**READ CAREFULLY BEFORE SIGNING**

The undersigned affirms that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and the answers in each instance are true and correct.

**The undersigned further understands that an incomplete, inaccurate or false answer constitutes sufficient reason for rejection, denial or revocation of the license.**

The undersigned further understands that a full background investigation may be conducted by the Portage Police Department prior to consideration of this application. The undersigned grants permission to the Portage Police Department, and other law enforcement agencies, to disclose juvenile law enforcement records to the officials of the City of Portage involved in the licensing process, but these juvenile records may not be re-disclosed by the City of Portage Officials without first obtaining the permission of the applicant.

The undersigned further understands that any license contrary to Chapter 125 of Wisconsin Statutes shall be void and under penalty of State law, the applicant may be prosecuted for submitting false statements in connection with this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT RECOMMENDATIONS**

<b>Department</b>	<b>Approved/Denied</b>	<b>Signature</b>	<b>Date</b>
City Clerk	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
City Treasurer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Police Chief	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

If denied, explain reason \_\_\_\_\_

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