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FEES ARE NON-REFUNDABLE Date Recv'd 2/11 21 Operator License \$67.00 Acct Code CLCOPS Operator License \$82.00 Acct Code. CLCOPP plus a provisional Total fee paid \$ 8 Receipt #: 1778 - 00 03 Original Application Renewal – License

LICENSE APPLICATION for **OPERATOR'S (BARTENDER'S) LICENSE**

Return application to: City Clerk, 100 N. Appleton Street, Appleton, WI 54911-4799 **SECTION 1 – APPLICANT INFORMATION** Applicant Name (Last, First, MI) - FULL NAME - NOT NICK NAME OR SHORTENED VERSION OF NAME Maiden or Previous ALGER Street Address W. Charles 2300 Driver's License Number/State Identification Number State License Issued In: Wisconsin **Home Phone Number** Cell phone Number Name and Address of Establishment you will be selling alcohol
Citgo Station 1717 W. College SECTION 2 - CONVICTION RECORD - NEW APPLICANT: You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in a denial of your application. Have you EVER had an Operator's (Bartender's) License? (NO) YES (YES) Have you EVER been convicted of a felony? NO If Yes; when, where and what type of violation? (Please be specific) /998 over 26 years ago, Have you EVER been convicted of a misdemeanor or ordinance violation? If Yes; when, where and what type of violation? (Example: speeding, OWI) (2) 4th Dec Sexam (2) DWI'S (2) Driving after Rev over 31 years ago SECTION 2 - CONVICTION RECORD - RENEWAL APPLICANT: List any pending charges, citations, tickets and all convictions since last license application in or out of state. Failure to provide complete answers may result in a denial of your application Electronic Return Receipt First Class Letter PBP Account #: 23057243 Signature Required Serial #: 0375776 9489 0090 0027 6027 4263 93 MAR 11 2021 12:06 PM If Yes; when, where and what type of violations (Example, Specimo) **SECTION 3 - PENALTY NOTICE** Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Signature: FOR OFFICE USE ONLY Department Approve Deny Ву Reason POLICE Class Completion Date Current other license Date sent to **8-3-00** Muni Date Issued **Expiration Date** License Number