

Operator Application for Licenses to expire 6/30/2026

For individuals selling or serving alcohol, pursuant to Madison General Ordinance 38.05. **Fees are not refundable.**

- Operator License (\$80).
- Operator License with two month Provisional License issued today (\$95).

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|--------------------|------------------------|-----------------|
| Office use: | LICOPR-20 ___ - | BST Date |
|--------------------|------------------------|-----------------|

Filling out your application

- An Operator License is a privilege, not a right. **Any false answers or omissions may result in the denial of your application.**
- This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants.
- You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/index.xsl (CCAP may not provide a comprehensive list of ALL arrests and convictions).

Review of your application

- The Madison Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- If there are concerns about your arrest and/or conviction record as it relates to your application, or if it appears that you falsified or omitted information from your application, you may be called to appear before the Alcohol License Review Committee.
- If you are asked to appear but choose not to do so, your application may be denied.
- *Meetings of the Alcohol License Review Committee are open to the public and televised.*

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|--|---------------------------------|---------------------------|-----|
| First Name | M. I. | Last Name | |
| Residence: Street Address | City | State | Zip |
| Phone | Date of Birth | Birth Place (City, State) | Sex |
| Driver's License Number (State & Number) | Place of employment and phone # | Email Address | |

Other names, aliases or birthdates ever used:

| | | |
|---|-------|-----|
| Cites and States lived in since age 18, including where you now reside: | From: | To: |
| | From: | To: |
| | From: | To: |
| | From: | To: |
| | From: | To: |

-over-

Arrest and Conviction Record

| | | |
|---|------------------------------|-----------------------------|
| Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor? (Including criminal traffic offenses) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted by a military court-martial? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of disorderly conduct that involved violence against another person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List Any Pending Citations, Tickets, or Criminal Charges

| Year | Location | Charge | At the time of incident were you under the influence of alcohol and/or other drugs? | Did the incident occur in or around an establishment that serves alcohol? |
|------|----------|--------|---|---|
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List All Citations, Tickets, Municipal/Ordinance Violations and Criminal Convictions

(Excluding Parking Tickets). Attach additional paper if necessary.

| Year | Location | Charge | At the time of incident were you under the influence of alcohol and/or other drugs? | Did the incident occur in or around an establishment that serves alcohol? |
|------|----------|--------|---|---|
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Application must be signed.

The undersigned acknowledges that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000, and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.

_____ Applicant's Signature _____ Date

To be filled out by the Madison Police Department

- Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Madison Police Department
- Files indicate that subject has the attached Criminal Arrest Record

_____ Madison Police Department Authorized Signature _____ Date