

# Operator Application for Licenses to expire 06/30/2025

For individuals selling or serving alcohol, pursuant to City of Glenwood Ordinance Chapter 163

**Fees are due with application and are not refundable.**

- ☐ Operator License (\$25)      ☐ Background Check (\$10)  
☐ Provisional License (\$15)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                     |                          |                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|--------------------------|----------------|--------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                     |                          |                |              |
| <b>Filling out your application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                     |                          |                |              |
| <ul style="list-style-type: none"><li>An Operator License is a privilege, not a right. <b>Any false answers or omissions may result in the denial of your application.</b></li><li>This application must be filled out accurately and completely.</li><li>If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information.</li><li>If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.</li><li>Your application will not be processed until you deal with outstanding warrants.</li><li>You can obtain information regarding your arrest and conviction record from the court with which you interacted, or the Wisconsin Circuit Court Access website at <a href="http://www.wcca.wicourts.gov/index.xsl">www.wcca.wicourts.gov/index.xsl</a> (CCAP may not provide a comprehensive list of ALL arrests and convictions).</li></ul> |                        |                                     |                          |                |              |
| <b>Review of your application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                     |                          |                |              |
| <ul style="list-style-type: none"><li>The Glenwood City Police Department will perform a background check to verify that the information you have provided is complete and accurate.</li><li>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 Police Chief.</li><li>If you are asked to appear but choose not to do so, your application may be denied.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                     |                          |                |              |
| First Name (Full name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | M. I.                               | Last Name                |                |              |
| Residence: Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        | City                                |                          | State          | Zip          |
| Phone<br>(   )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Birth<br>/   / |                                     | Birthplace (City, State) |                | Sex<br>M   F |
| Driver's License Number (State & Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | Business where license will be used |                          | Email Address: |              |
| Other names, aliases or birthdates ever used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                     |                          |                |              |
| Cities and States lived in since age 18, including where you now reside:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                     |                          | From:          | To:          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                     |                          | From:          | To:          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                     |                          | From:          | To:          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                     |                          | From:          | To:          |
| Indicate whether you are a U.S. Citizen, U.S. Alien, or Temporary Resident:<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> Temporary Resident (employment number _____)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                     |                          |                |              |
| Have you in the past two years had an Operator's License? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please include copy of license if issued outside the City of Glenwood City. If no, you must provide a Certificate of Completion of the Responsible Beverage Service Course.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                     |                          |                |              |
| <b>-over-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                     |                          |                |              |

## Arrest and Conviction Record

|                                                                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Since your 17 <sup>th</sup> birthday, have you ever been convicted of a felony or misdemeanor?<br>(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? |
|------|----------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |

## 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? |
|------|----------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |
|      |          |        |                                                                                     |                                                                           |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## To be filled out by the Glenwood City Police Department

- ☐ Applicant has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Glenwood City Police Department and recommends that the application be approved, and license issued.
- ☐ Records indicate that the applicant has a Criminal Arrest Record, is a Convicted Felon, or is a Habitual Law Offender. For these reasons, the undersigned recommends that the license be denied to the above applicant.

\_\_\_\_\_  
Glenwood City Police Department Authorized Signature

\_\_\_\_\_  
Date

After due consideration of the above applicant by the City of Glenwood City Common Council, License was

☐ Granted      ☐ Denied

License # \_\_\_\_\_ Issued: \_\_\_\_\_ By: \_\_\_\_\_

Sharon L Rosenow City-Clerk