



## City of Prairie du Chien Operator License Application

I, the undersigned, do hereby make application to the City of Prairie du Chien, County of Crawford, State of Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes.

<b>FEES ARE NON-REFUNDABLE</b>			
<input type="checkbox"/> <b>Operator License</b>	<b>\$24.00</b>	<input type="checkbox"/> <b>Investigation Fee</b>	<b>\$6.00</b>
<input type="checkbox"/> <b>Operator License</b>		<b>Total Fee Paid \$ _____</b>	
<b>Plus a provisional</b>	<b>\$39.00</b>	<b>Receipt # _____</b>	

### 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 resolve any outstanding arrest warrants.
- ◆ 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 [www.wcca.wicourts.gov/index.xsl](http://www.wcca.wicourts.gov/index.xsl) (*CCAP may not provide a complete list of ALL convictions-you are responsible for providing complete information*).

### Review of your application

- ◆ The Prairie du Chien Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- ◆ All applications are reviewed and acted on by City Staff. 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, the City reserves the right to deny your application.
- ◆ If your application is denied for any reason, you may appeal the decision to the Common Council.

Last Name		First Name				MI		
Residence: Street Address		City/Town/Village			State	Zip		
Phone	Date of Birth	Birth Place(City, State)	Race	Sex	Height	Weight	Hair	Eyes
Place of Employment		Contact person & phone number						
Driver's License (State & Number)								

Other names, aliases or birthdates ever used:

#### CHECK ONE:

The Applicant has completed an Alcohol Awareness course. A copy of the completion certificate is attached.

**OR**

The Applicant has been issued an Operator's License in Wisconsin within the past 2 years. If *not* City of Prairie du Chien a copy of the license is attached.

Municipality License issued by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Cities and State(s) 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:

U.S. Citizen  Alien  Temporary Resident (employment number \_\_\_\_\_)

**ARREST AND CONVICTION RECORD**

**Please attach a separate sheet explaining the circumstances of each offense identified below that resulted in a conviction**

Since your 17 <sup>th</sup> 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 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 CRIMINAL CHARGES OR CITATIONS  
IF NONE PLEASE STATE N/A**

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 PRIOR CONVICTIONS FOR VIOLATIONS OF CRIMINAL LAWS, MUNICIPAL OR OTHER ORDINANCES OR REGULATIONS IN ANY STATE (EXCLUDING PARKING TICKETS)  
IF NONE PLEASE STATE N/A**

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?

**Application must be notarized.**

*Under penalty of perjury, I declare that I have reviewed all information herein contained, including any accompanying schedules and to the best of my knowledge and belief the information herein contained is true, correct, and complete.*

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

**OFFICE USE ONLY:**

Pursuant to the ordinance, the undersigned has made the investigation required in the case of the application of said applicant for a beverage operator's license.

- The undersigned recommends that a license be granted to said applicant
- For reasons stated on the reverse, the undersigned recommends that a license be denied to said applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date