

Fee: \$62 (includes \$7 background check fee)

(Office use) License #: _____



City of New Berlin
 Clerk's Office/Community Relations Dept.
 3805 South Casper Drive
 New Berlin, WI 53151-0921
 262-786-8610

**CITY OF NEW BERLIN
 APPLICATION FOR OPERATOR'S LICENSE**

I, the undersigned, do hereby make application to the Common Council of the City of New Berlin for an Operator's License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of New Berlin Ordinances for the period ending June 30, 2019.

INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY: PLEASE PRINT LEGIBLY. FAILING TO LIST VIOLATIONS, PROVIDING INACCURATE INFORMATION, OR OMITTING INFORMATION FROM THIS APPLICATION MAY BE GROUNDS FOR DENIAL.

1. Name: First _____ Middle: _____ Last: _____
 Maiden name: _____

2. Phone number: _____ E-mail: _____

3. Residence address: _____ City _____ Zip _____

4. Date of birth: _____ Age _____
 Driver's License number: _____ Exp: _____ State: _____

5. Place of employment as a bartender: _____

6. Have you ever been convicted of a felony? **Your answers, and or omissions, to this question will be checked and verified by the New Berlin Police Department. (Please check one): YES NO**
If 'yes,' provide date, nature of offense, and state: _____

7. Have you ever been ticketed, charged, or convicted of any violation of federal, state or local laws including traffic violations, underage alcohol offenses, and drug offenses? **Your answers, and or omissions, to this question will be checked and verified by the New Berlin Police Department.**
(Please check one): YES NO
If 'yes,' provide all violations with city, date, and penalty imposed. Use back of form is necessary.

8. **I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the City of New Berlin permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.**

Signature of Applicant: _____ Date: _____

POLICE DEPARTMENT USE ONLY

List all discrepancies with above statements. Use back of form if necessary. _____

Signature of Official _____ Date _____