

# CITY OF MANAWA – OPERATOR LICENSE APPLICATION

Pursuant to Wisconsin Statutes Section 23.01(8), subject to limitations imposed by as 125.17 and 125.68(2)

**FEES ARE NON-REFUNDABLE**



For Office Use:

Paid amount: \_\_\_\_\_

Certificate provided: Yes No

☐ **New - \$10.00 Lic#** \_\_\_\_\_ ☐ **Renewal - \$10.00 Lic#** \_\_\_\_\_ ☐ **Temporary - \$20.00 Lic#** \_\_\_\_\_

<b>Full Legal Name of Applicant:</b> First: _____ Middle: _____ Last: _____
Street Address: _____
City/State/Zip: _____
Maiden name or aliases: _____
Driver's License Number: _____
Telephone Number: _____
Date of Birth: _____
Cities and States you have lived (in the last 3 years), if different than current address where you now reside: _____

1. Place of employment as Operator: \_\_\_\_\_
2. Have you registered for the Alcohol Awareness Program? ☐ **Yes** ☐ **No** Date of Class: \_\_\_\_\_
3. Have you completed the Alcohol Awareness Program? ☐ **Yes** ☐ **No** Where & When: \_\_\_\_\_  
(A copy of the course completion certificate must be attached unless applicant is renewing an active Operator's License.)
4. Have you held an Operator's License within the last 2 years? ☐ **Yes** ☐ **No** If so, where? \_\_\_\_\_  
(If not in Manawa, attach a copy of the license or a letter from the Clerk of the municipality.)
5. Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? ☐ **Yes** ☐ **No** If yes, provide the place and date \_\_\_\_\_
6. Within the last 5 years have you been fined/arrested for and/or convicted of violating any law of the State of Wisconsin or of the United States (including traffic violations)? ☐ **Yes** ☐ **No**

\*List **ALL** violations (within the last 5 years) below.....**THIS IS A REQUIREMENT** (if not listed form will not be accepted)!

Date of Arrest	Date of Conviction (if applicable)	Name of Court	Nature of offense

*The undersigned affirms that he/she made complete and true answers to each question 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. I authorize the City of Manawa, Wisconsin, to check the above information for verification and conduct a background check of my character and reputation. And I further understand that any false statements or omissions made on this application, which is for a position of public trust, will automatically void consideration for its approval.*

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

\_\_\_\_\_  
**Date**

Review by Manawa Police Dept.

☐ Approve

☐ Deny

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me

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

\_\_\_\_\_  
Notary Public / City Clerk

My Commission Expires: \_\_\_\_\_