



# 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**

**New - \$5.00 Lic#** \_\_\_\_\_  **Renewal - \$5.00 Lic#** \_\_\_\_\_  **Provisional - \$15.00 Lic#** \_\_\_\_\_

<b>Full Legal Name of Applicant:</b>	
Street Address:	
City/State/Zip:	
Maiden name or aliases:	Telephone Number:
Drivers License Number:	Birthdate:
Cities and States you have lived (in the last 5 years), including where you now reside:	
	From: To:
	From: To:
	From: To:
	From: To:

- Place of employment as Operator: \_\_\_\_\_
- Have you registered for the Alcohol Awareness Program?  **Yes**  **No** Date of Class: \_\_\_\_\_
- 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.)*
- 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.)*
- 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 \_\_\_\_\_
- 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**

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.*

Subscribed and sworn before me

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

**Applicant's Signature**

Notary Public / City Clerk

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

Review by Manawa Police Dept.	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
_____	_____	_____
Signature	Date	