License Expiring: 06/30/_____

APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

Application ☐ **New** ☐ **Renewal** ☐ **Provisional**

Applicant Name _____
(First) (Last) (Middle)

Maiden/Other Possible Names _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____ Age _____

Place of Birth _____/_____/_____/_____
(City) (County) (State) (Country)

Have you previously applied for a license? ☐Yes ☐No

Have you been denied a license? ☐Yes ☐No Why?_____ Where?_____

Have you had a license revoked? ☐Yes ☐No Why?_____ Where?_____

Have you completed the alcohol awareness course as required by WI §125.17(6) ☐Yes ☐No

Online Course? ☐ Other - Where?_____

WHERE will you be employed as a beverage operator?_____

Have you ever been convicted of a drug or alcohol related municipal forfeiture violation? ☐Yes ☐No
Have you ever been convicted of a drug or alcohol related misdemeanor crime? ☐Yes ☐No
Have you ever been convicted of any felony crime? ☐Yes ☐No

If you answered "Yes" to any of the previous three questions, list the offense, conviction date, and offense location:

_____

_____

_____

I hereby apply to the Common Council of the City of Nekoosa for a beverage operator license for the period ending June 30, 2026 *, as provided by Section 125.32(2) and 125.68(2) of Wisconsin Statutes and local ordinance. I certify that the information above is true and complete and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual offender of the law to §111.321. 111.322, and 111.335. I understand that I must have completed a responsible beverage service course or held an operator's license. I further understand that the City of Nekoosa has a policy of denial of license for certain violations of the law. I further certify that I am familiar with, or will become familiar with, prior to issuance of a beverage operator license, the laws ordinances, and regulations pertaining to sale of alcoholic beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations. I understand that fees will not be refunded or applied to another application after four months from this date.*

*Applicant Signature*_____ *Date*_____

State of Wisconsin,}
Wood County.}

_____,
being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true.

Subscribed and sworn to before me this _____day

of _____, 20_____

_____
Notary Public, Wood County, Wisconsin

For Office Use Only

Police Department Background Investigation Complete? ☐Yes ☐No

Police Chief recommendation ☐Approve ☐Deny _____(initial)

Alcohol Awareness Course Date_____

Committee Recommendation Date_____

Council Approval Date_____

Fees: ☐ $10.00 New, ☐ $5.00 Renewal, ☐ $5.00 Provisional