



CITY OF EVANSVILLE  
Operator's License Application

City Hall  
31 S. Madison St  
PO Box 76  
Evansville, WI 53536

Provisional License \$15.00

Original License \$25.00

Renewal License \$25.00

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last (as on your driver's license)

Address \_\_\_\_\_  
Street City State Zip Code

Telephone No.: \_\_\_\_\_ Gender: Male Female

Current Driver's License No.: \_\_\_\_\_ Issued in the State of: \_\_\_\_\_  
(If no current DL, Provide the Last Valid Driver's License No.)

**If you are unsure about the answers to questions 3-5 below, you may obtain a copy of your record from the Wisconsin Department of Transportation or visit CCAP's website at <http://wcca.wicourts.gov>. Incomplete information may result in a delay or denial of your application. Answer ALL questions below.**

1) In the last 2 years, have you held a valid Wisconsin Operator's License or completed a Wisconsin Certified Responsible Beverage Server's Training Course?

Yes No Original applications require a copy of either document.

2) Do you need to apply for a Provisional (60 Day) License?

Yes No *If yes, please enclose an additional \$15.00 fee*

3) Have you ever been cited and/or convicted of **any felony or misdemeanor** in the State of Wisconsin or in the United States?

Yes No If yes, state nature of offense and, if applicable, the conviction date and name of court: \_\_\_\_\_

4) Within the last 10 years have you been cited and/or convicted of **violating any other law or ordinance** in the City of Evansville or State of Wisconsin?

Yes No If yes, state nature of offense and if applicable the conviction date and name of court: \_\_\_\_\_

5) Within the last 10 years have you been cited and/or convicted of violating **any license law or ordinance** regulating the sale of fermented malt beverages or intoxicating liquors?

Yes No If yes, state nature of offense and if applicable the conviction date and name of court: \_\_\_\_\_

***I hereby apply for a license to serve Fermented Malt Beverage and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted me. I understand that the Provisional License expires 60 days after issuance and the Original License expires on the second June 30<sup>th</sup> after issuance (unless revoked prior to expiration).***

***I certify that I am a citizen of the United States; I am \_\_\_\_\_ years of age; and that all answers in this application are true and correct, and I agree that any misstatements or omissions of material fact may result in the denial of this application. I understand the application fees are non-refundable.***

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

----- **For Office Use Only** -----

**Provisional License** Receipt # \_\_\_\_\_ Faxed \_\_\_\_\_ Initials \_\_\_\_\_

**Police:** Recommend \_\_\_\_\_ Non-Recommend \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Reason for Non-Recommendation if Applicable: \_\_\_\_\_

Lic No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Clerk Approval: \_\_\_\_\_

**Operator's License** Receipt # \_\_\_\_\_ Faxed \_\_\_\_\_ Initials \_\_\_\_\_

**Police:** Recommend \_\_\_\_\_ Non-Recommend \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Reason for Non-Recommendation if Applicable: \_\_\_\_\_

**Public Safety Committee:** Granted \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Lic No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_