APPLICATION FOR OPERATOR'S LICENSE

			Li	cense Expires June	30, 20
. New	Renewal	Date Filing			
. Name					
(Print)	First	Initial	Last		
Social Secur	ity No	Driver's I	icense No.		
. Home Addres	Number & Street				
				State	
			Cell/Work Phone		
	F Date of Birth		Place of Birth		
Are you a cit	izen of the United States				
List all your i	residences for the past Two	Years, to the date of	application (if aijjerent	tnan your current a	ess)
•	YER been convicted of a fel where and what type of viol	. – –			
	(Please note that any inc	-	e or untruthful informa for denial of such licens	· ·	
Where will vo	ou be serving/selling alcohol	·		,	
Trade Name:		_	-		
TATE OF WISC	CONSIN)				
•	BEING FIRST DULY SWO ation; that he has read and m and correct.		•	* *	
	worn to before me this				
day o	f, 20	<u></u>	(Applica	ant's Signature)	
Clerk-	Notary Public		FEE: \$65.00 (Pa	yable at time of appl	lication
FYOUR APPI	ICATION SHOULD BE	DENIED RVTHE	POLICE DEPT	11	ŕ
	ORIGINAL \$65.00 FEE			ST ONLY.	
eceipt No		Date			

CITY OF FOND DU LAC

Memorand	dum				
Date:					
То:	Chief of Police Attn: Records Division				
From:	City Clerk				
Subject:	Operator (Bartender) License Application				
	The application copied on the reverse side was filed with this office within the preceding forty-eight hours.				
	It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.				
CITY OF Memorand	FOND DU LAC				
Date:					
То:	City Clerk				
From:	Chief of Police				
Subject:	Operator (Bartender) License Application				
	I hereby recommend that the application be:				
	Granted a license				
	Denied a license				
	Comments				