



# Operator License Application

**City of Waupaca**  
111 S Main St  
Waupaca WI 54981

License Expires June 30, \_\_\_\_\_

Date Filed: \_\_\_\_\_

Operator \$20.00 Circle: New or Renewal  
 Provisional \$15.00  
(Background Check \$12.00/in state) (\$20.00/out of state)

Responsible Beverage Class (attach certificate)  
(New applicants only)

Temporary N/C for license (Background Check \$12.00)  
(License is limited to 2 per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations).  
Date(s) Needed: \_\_\_\_\_  
Event Name: \_\_\_\_\_

Office Use Only:  
Receipt #: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ License #: \_\_\_\_\_

### Filling out your application

Initial

1. An Operator's License is a privilege, not a right. \_\_\_\_\_
2. This application must be filled out accurately and completely. \_\_\_\_\_
3. Your application will not be issued until all City fines/tickets, (Library, Parking, City Utility Bills, etc.), are paid in full \_\_\_\_\_

### Review of your application

1. The City of Waupaca Police Department will perform a background check. \_\_\_\_\_
2. If there are concerns about your background check, you may be called to appear before the Common Council. \_\_\_\_\_
3. If you are asked to appear but choose not to do so, your application may be denied. \_\_\_\_\_
4. Meetings of the Common Council are open to the public. This application is a public record subject to release. \_\_\_\_\_

Last Name (Please Print)	First Name	M.I. (Required)
--------------------------	------------	-----------------

Residence: Street Address	City	State	Zip
---------------------------	------	-------	-----

Phone	Date of Birth	Driver's License Number
-------	---------------	-------------------------

Place of Employment to Serve/Sell Alcohol	Have you gone by any other names (maiden, etc)? <input type="checkbox"/> No Yes, Please List:
---	--

Previous address in past 5 years:

Have you lived in another state?  No Yes, Please List:

### Application must be notarized if not presented in person.

*I swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify I am familiar with the laws, ordinances and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that falsification of this application will result in automatic denial. If denied, your provisional license must be surrendered to the City of Waupaca immediately.*

Subscribed and sworn before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary Public or Clerk's Office

My Commission expires: \_\_\_\_\_

Office Use Only:
PARS _____ CH _____ PARKING _____ WCCA _____
Police Dept. _____