Operator License Application

I, the undersigned, do hereby make application to the Town of Pacific, County of Columbia, State of Wisconsin, for an "Operator's" License, as provided by §125.17 of the Wisconsin State Statutes. Fees are non-refundable.

[X] $10.00 Background Check Fee (required) [ ] $25.00 New/Renewal [ ] $15.00 Provisional

Filling out your application:

- An Operator License is a privilege, not a right. Any false answers or omissions may result in the denial of your application.
- This application must be filled out accurately and completely, attach additional sheets if necessary to ensure all information is being reported.
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any question on this form, check with the Town Clerk or staff for clarification.
- Your application will not be processed until you resolve any outstanding arrest warrants.
- You can obtain information regarding your arrest and conviction record from the court with which you interacted, or from the Wisconsin Circuit Court Access website at www.wcaa.wicourts.gov/index/xsl (*CCAP may not provide a complete list of ALL convictions, such as Municipal Court records; however, you are responsible for providing complete information).*

Review of your application:

- The Town of Pacific will perform a background check to verify that the information you have provided is complete and accurate.
- All applications are reviewed and acted on by the Pacific Town Board. If there are concerns about your arrest and/or conviction records as it relates to your application, or if it appears that you falsified or omitted information from your application, the Town Board may call you to appear before them.
- If you are asked to appear, but choose not to do so, your application may be denied.
- Meetings of the Town Board are open to the public and are normally held the 3rd Tuesday of the month at 6:00 p.m. at the Pacific Town Hall.

Last name		First Name			M.I.			
Street Address		Municipality/City			State		Zip	
Phone	Date of Birth	Birthplace	Race	Sex	Height	Weight	Hair	Eyes
Place of employment		Supervisor and phone number						
Driver's License No.		Social Security No.						
Other names, aliases, or birthdates ever used:								

CHECK ONE:

[ ] The Applicant has completed a Responsible Beverage Server training course. A copy of the completion certificate is attached.

[ ] The Applicant has been issued an Operator's License in Wisconsin within the past 2 years. A copy of this license is attached (if *not* from the Town of Pacific).

Municipality License issued by: _____ Date Issued: _____

Cities and States lived in for the last 5 years, including where you now reside:	From:	To:

Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:

[ ] U.S. Citizen [ ] Alien [ ] Temporary Resident (employment number _____)

ARREST AND CONVICTION RECORD

Please attach a separate sheet explaining the circumstances of each offense identified below that resulted in a conviction.

Since your 18th birthday, have you ever been convicted of a felony or misdemeanor? (including criminal traffic offenses)

☐ Yes ☐ No

As a juvenile, were you waived into adult court and convicted of a felony or misdemeanor?

☐ Yes ☐ No

Have you ever been convicted by a military court-martial?

☐ Yes ☐ No

Have you ever been convicted of disorderly conduct that involved violence against another person?

☐ Yes ☐ No

LIST ANY PENDING CRIMINAL CHARGES OR CITATIONS
IF NONE, PLEASE STATE N/A

Year	County and State	Charge	At time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

LIST ALL PRIOR CONVICTIONS FOR VIOLATIONS OF CRIMINAL LAWS, MUNICIPAL OR OTHER LAWS IN ANY STATE (Exclude Parking/Speeding Violations)
IF NONE, PLEASE STATE N/A

Year	County and State	Charge	At time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

BACKGROUND CHECK AUTHORIZATION

Name _____
Last First Middle Initial

Full Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____
Month/Day/Year

Driver License Number _____

I request a background check be performed on me by the Town of Pacific Clerk so I may obtain an Operator's License for employment at:

_____
Name of Establishment

_____
Full Address of Establishment

I understand the information derived from this investigation will be given by the Town Clerk to the Pacific Town Board if necessary. I further understand that by requesting this investigation and giving my permission for the Clerk to divulge this information to the Pacific Town Board, I relieve the Town of Pacific, individually and collectively, of any and all liability which may occur from the release of this information.

Signature _____ Date _____

With your application, please include one of the following:

1. Responsible Beverage Server Training course registration if course not yet completed.
2. Certificate of Responsible Beverage Server Training course completion (must be within the last 2 years) unless on file from previous application made to Town.
3. Copy of an Operator's License held by you from another municipality (must be within the last 2 years).

Fees must be paid in full at time of application.