

APPLICATION FOR OPERATOR'S LICENSE RENEWAL

Town of Rome 1156 Alpine Drive Nekoosa WI 54457 175.325.8013 rome.admin@romewi.com

PRINT ALL INFORMATION NEATLY

APPLICANT'S COMPLETE NAME (First, Middle, Last) (Maiden Name if applicable)			
DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	
APPLICANT'S STREET ADDRESS		CITY	STATE ZIP
PHONE NUMBER		EMAIL ADDRESS	
DRIVER'S LICENSE NUMBER	STATE ISSUED	MALE OR FEMALE	
LICENSE FOR USE AT (Name of Establishment in Town of Rome):			

1) I CERTIFY THAT:

- I have held an Operator's or Manager's License OR have completed the "Responsible Beverage Server's Training Course" within the past two (2) years.
- I am familiar with ALL laws, resolutions, ordinances and regulations, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and will obey all provisions thereof.
- I am at least 18 years of age.

2) HAVE YOU EVER HAD AN OPERATOR'S LICENSE SUSPENDED OR REVOKED? NO ___ YES ___

If yes, explain: _____

3) HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO ___ YES ___ If yes, answer the following:

DATE NATURE OF OFFENSE LOCATION: CITY, COUNTY, STATE

4) HAVE YOU BEEN ARRESTED FOR ANY OTHER OFFENSE(S)? NO ___ YES ___ If yes, answer the following:

DATE NATURE OF OFFENSE LOCATION: CITY, COUNTY, STATE

IF MORE ROOM IS NEEDED FOR FURTHER EXPLANATION OF ANY OF THE ABOVE, PLEASE USE THE BACKSIDE OF APPLICATION.

5) I hereby make an application for an Operator's License from the Town of Rome, County of Adams, to dispense alcoholic beverages on premises requiring a retail alcohol license in the State of Wisconsin, subject to provisions of and limitations imposed by Chapter 125, WI Statutes and all ordinances of the Town of Rome Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that *all statements made above are true*. I give the Town of Rome permission to perform any necessary checks to verify the above statements. **I understand that if any false statements OR omissions are made on this application, it will automatically void consideration for its approval.** I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license.

THE LENGTH OF THIS LICENSE WILL BE FOR TWO YEARS AND MUST BE RENEWED UPON EXPIRATION.

APPLICANT SIGNATURE

DATE RECEIVED: ____/____/____

POLICE CHIEF SIGNATURE _____

APPROVED or DENIED

\$25.00 FEE - Fee MUST accompany application. Make checks payable to: Town of Rome.