

# APPLICATION FOR OPERATOR'S LICENSE

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. ~ **YOU MUST PROVIDE A COPY OF ONE OF THESE WITH THE APPLICATION.**
- 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 ONE YEAR 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.**