



Operator License Application

Chapter 247-6 City of Mayville Municipal Code

New Applicants need to provide a copy of their driver's license and class certification. Renewal Applicants need to provide a copy of their driver's license.

Answer all questions – Incomplete applications may be returned.

Applicant Information

Applicant Name First, Middle, Last			
Other Names/ Maiden Name			
Street, City, State, Zip			
Phone		Alt Phone	
Date of Birth	Month	Day	Year
Email			

Application Information

License Period (Circle one)	One Year (\$40.00)	Two Year (\$60.00)
Provisional (\$15.00)	Yes	No
Place of Employment in the City:		
Do you presently hold an Operator's License in the City of Mayville?		

List all (including pending) felony, misdemeanor, and municipal convictions within the past five (5) years from this or any other state, county, or municipality. If no charges – please indicate "none". Use additional pages to list all matters, if necessary.

Date	Nature of Charge(s)	Jurisdiction Where Charged (City/County/State)	Status (Pending, Convicted, Resolved, etc)

List complete residence history for the past five (5) years. If no changes in the past five years, please indicate so below. Use additional pages to list all matters, if necessary.

Dates at Address	Address	City/State



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- I hereby apply for a license to serve fermented malt beverages and/or intoxicating liquor, from the date approved until the June 30th of the licensing year applied for, unless sooner revoked, subject to the limitations imposed by Wisconsin Statute and City of Mayville Ordinances, and all acts amendatory thereof and supplementary thereto.
- I hereby understand that an operator license is a privilege, not a right, and that the application must be filled out accurately, honestly, and completely.
- I authorize a review of, and full disclosure, of any and all records, files, and reports which include any police contact and/or arrests.
- I am aware the application fee is non-refundable if the license is not granted and that payment is due at the time of application.

Applicant Signature & Date	
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CITY HALL - OFFICE USE ONLY

Date Received		Payment Info	
Date to PD for Background		Date to Council	
Approved/Denied by Council		Provisional License No.	
Operator License No.		Expiration Date	
Clerk Signature & Date			

POLICE DEPARTMENT- OFFICE USE ONLY

Date Record Check Completed		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Additional Comments:			
Chief (or designee) Signature & Date			