

TOWN OF NEWTON OPERATOR'S LICENSE APPLICATION 2008 - 2009

NEW: _____ or RENEWAL: _____ (check one)

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. If you are unsure about how to respond to any questions on this form, check with the Town of Newton Clerk for clarification. You can obtain information regarding your criminal history from the Wisconsin Circuit Court Access website at www.wicourts.gov.

Review of your application:

The Town of Newton will perform a background check through the Wisconsin Department of Justice on every application to verify that the information you have provided is complete and accurate. You may be called to appear before the Newton Town Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application will be denied.

PLEASE PRINT ALL INFORMATION:

LAST NAME: _____

ANY OTHER LAST NAMES PREVIOUSLY USED: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____ SEX: _____

PLACE OF BIRTH (CITY/STATE): _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

HOME ADDRESS (STREET): _____

HOME ADDRESS (CITY/STATE/ZIP): _____

HOME PHONE NUMBER: _____

EMAIL (optional): _____

NAME OF BUSINESS WHERE YOU PLAN TO WORK: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Cities and States you have lived in since age 18, including where you now reside:

City	State	From:	To:
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever been convicted of any felony or misdemeanor (other than traffic) or violation of any Federal, Wisconsin, other state or municipality ordinance/law? YES _____ NO _____

If yes, please complete the following:

Year:	Location:	Charge:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Are there any charges presently pending against you (other than traffic) for violation of any Federal, Wisconsin, other state or municipality ordinance/law? YES _____ NO _____

If yes, please complete the following:

Year:	Location:	Charge:	Status:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you currently hold an Operator's License in another municipality? YES _____ NO _____
If yes, name of municipality: _____

5. Have you previously held an Operator's License in the Town of Newton? YES _____ NO _____
If yes, when _____

6. Have you passed the required Beverage Server Training Course? YES _____ NO _____
If yes, course taken and date graduated: _____

READ CAREFULLY BEFORE SIGNING:

Under penalty provided by law, the applicant states that each of the above questions and all information provided on this application have been truthfully answered to the best of their knowledge.

Signature of Applicant*
**must be signed before a Notary Public or the Town of Newton Clerk*

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20_____

Signature of Notary Public – OR – Town of Newton Clerk

If notary, date term expires: _____

If you have any questions regarding this application please contact:
Town of Newton Clerk Barbara Pankratz, 4421 County Road CR Manitowoc, WI 54220
Fax: 920-758-3052; Website: www.townofnewton.org

