

# TOWN OF NEWTON OPERATOR'S LICENSE APPLICATION

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](http://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: \_\_\_\_\_

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**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: \_\_\_\_\_

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