

DATE RECEIVED \_\_\_\_\_  
NEW APPLICATION \$20.00  
RENEWAL \$20.00



# TOWN of TROY

## APPLICATION FOR OPERATORS LICENSE

INSTRUCTIONS: Complete this application in its entirety and return this form to the office of the town clerk with the appropriate fee. ALL items **MUST** be completed. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course. **Applications will not be accepted unless proof is submitted. Please print.**

APPLICANT: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Last First Middle  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ Social Security # \_\_\_\_\_  
HAVE YOU HELD AN OPERATORS LICENSE BEFORE \_\_\_\_\_ WHEN \_\_\_\_\_  
WHERE \_\_\_\_\_ PHONE # \_\_\_\_\_

In the past five (5) years have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following? If unsure check the WI Circuit Court Access website at: <http://wcca.wicourts.gov>.

- |  |           |          |
|--|-----------|----------|
| Any underage alcohol violation?  | Yes _____ | No _____ |
| Operating a motor vehicle while intoxicated?   | Yes _____ | No _____ |
| Selling or furnishing alcoholic beverages to underage person?                            | Yes _____ | No _____ |
| Permitting underage person on licensed premises?   | Yes _____ | No _____ |
| Allowing persons on licensed premises after closing?                                     | Yes _____ | No _____ |
| Any alcohol related violation other than above?  | Yes _____ | No _____ |
| Sale or possession of drugs of any kind?   | Yes _____ | No _____ |
| Fighting, disorderly conduct, assault or battery?  | Yes _____ | No _____ |
| Resisting arrest or obstructing an officer?  | Yes _____ | No _____ |
| Issuing bad checks?  | Yes _____ | No _____ |
| Any crime or ordinance violation not listed above other than traffic or parking tickets? | Yes _____ | No _____ |

For each Yes response above you must identify all the violations, when and where they occurred, on the following lines. Use additional sheets if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:** I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the town limits of Troy

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Results of background check: \_\_\_\_\_

Clerk \_\_\_\_\_ Date \_\_\_\_\_