

**City of Ladysmith**  
**Operator License Application**

to Serve/Sell Fermented Malt Beverages and Intoxicating Liquors



**APPLICATION FOR: (Please check one)**

**REGULAR OPERATOR LICENSE-\$30.00 for 1 year (Payable to City of Ladysmith)**

To serve/sell fermented malt beverages and intoxicating liquors

License expires June 30, 20\_\_

**NEW APPLICANT                      OR                      RENEWAL APPLICANT**

**PROVISIONAL OPERATOR LICENSE-\$15.00 for 60 days**

To serve fermented malt beverages and intoxicating liquors

Must be enrolled in Responsible Beverage Server Training Course

License expires 60 days after issuance

- 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 filed out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- The City of Ladysmith Police Department will preform a background check to verify that the information you have provided is complete and accurate.
- **Please attach a copy of a valid WI driver's license of state issue ID.**

**PRINT the answers to the following questions fully and completely:**

Name \_\_\_\_\_

First

Middle Initial

Last

Current Address/City: \_\_\_\_\_

Previous Address (if less than 2 yrs): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Driver's License # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Establishment Where Employed: \_\_\_\_\_

**Circle One:   U.S. Citizen      U.S. Alien      Temporary Resident** (Employment # \_\_\_\_\_)

**FILL IN ALL THAT APPLY:**

I have held an operator's, premise's or manager's license within the past two years (if in another municipality other than the City of Ladysmith, proof is required. Please attach copy of license.)

I have completed the "Responsible Beverage Server's Training Course"  
Date: \_\_\_\_\_ Name of Provider: \_\_\_\_\_ (Attach Certificate)

I have enrolled in the "Responsible Beverage Server's Training Course"  
Scheduled Date of Course: \_\_\_\_\_ Name of Provider: \_\_\_\_\_

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Have you ever been **convicted of any felony**? YES NO

Have you ever **violated any law** (THIS INCLUDES ALL CITATIONS, TICKETS, MUNICIPAL/ORDINANCE VIOLATIONS AND CRIMINAL CONVICITIONS) of the State of Wisconsin or of the United States? YES NO

If yes, what was the nature of the conviction \_\_\_\_\_

Name of Court \_\_\_\_\_ Date of Conviction \_\_\_\_\_

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Have you been **convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors**? YES NO

If yes, give details including dates and location of such violation:

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

I, the undersigned, do hereby make application to the City Council of the City of Ladysmith, Rusk County, Wisconsin, for an "Operator's License" as provided by Section 125.17 of the Wisconsin Statutes from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked). I am familiar with the laws, ordinances, and regulations (Federal, State and Local) affecting the sale of Fermented Malt Beverages and Intoxicating Liquors, and do hereby agree if granted said license to obey all provisions of said laws.

\_\_\_\_\_  
Signature of Applicant

**OFFICE USE ONLY**

Date Application Faxed to PD \_\_\_\_\_ Fee paid by Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

LPD Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police

Date presented to City Council \_\_\_\_\_ Council Action: Approve \_\_\_\_\_ Deny \_\_\_\_\_

Comments: \_\_\_\_\_

License # Issued \_\_\_\_\_ Term of License \_\_\_\_\_ to June 30, 20\_\_\_\_