

Operator Application for Licenses to expire 11/16/2021

For individuals selling or serving alcohol, pursuant to Madison General Ordinance 38.05. **Fees are not refundable.**

Provisional Operator License Fee \$15.00

Second-Year Operator License Fee \$45.00

Office use:	LICOPR-2021-00630	BST Date
-------------	-------------------	----------

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 have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the informaton.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants.
- You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at

Review of your application

- The Madison Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- If there are concerns about your arrest and /or conviction record as it relates to your application, or if it appears that you falsified or omitted information from your application, you may be called to appear before the Alcohol License Review Committee.
- If you are asked to appear but choose not to do so, your application may be denied.
- *Meetings of the Alcohol License Review Committee are open to the public and televised.*

First Name Lawrence	M. I.	Last Name Wilson
------------------------	-------	---------------------

Residence: Street Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
---	--------------------	---------------------	-------------------

Phone [REDACTED]	Date of Birth [REDACTED]	Birth Place (City, State) Chicago, IL	Sex Male
---------------------	-----------------------------	--	-------------

Driver's License Number (State & Number) [REDACTED]	Place of employment and phone# Kelley Williamson Mobil	Email Address [REDACTED]
--	---	-----------------------------

Other names, aliases or birthdates ever used:

Cities and States lived in since age 18, including where you now reside:	From:	To:
chicago IL	03/02/1993	04/10/1996
Madison Wisconsin	04/11/1996	09/17/2021

Arrest and Conviction Record

Since your 17th birthday, have you been convicted of a felony or misdemeanor? (Including criminal traffic offenses?)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever been convicted by a military court-martial?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you ever been convicted of disorderly conduct that involved violence against another person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

List Any Pending Citations, Tickets, or Criminal Charges

Year	Location	Charge	At the time of the incident were you under the influence of alcohol and /or other	Did the incident occur in or around an establishment that serves alcohol?

List All Citations, Tickets, Municipal/Ordinance Violations and Criminal Convictions (Excluding Parking Tickets). Attach additional paper if necessary.

Year	Location	Charge	At the time of the incident were you under the influence of alcohol and /or other	Did the incident occur in or around an establishment that serves alcohol?
2003	Dane	2003 manufacturing delivery of cocaine base as party to a crime.	Yes	No

Application must be notarized.

The undersigned affirms that he/she made complete and true answers to each question and understands tht his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.

Subscribed and sworn before me
this _____ day of _____, 20_____

Applicant's Signature

Notary Public

To be filled out by the Madison Police Department

- Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Madison Police Department
- Files indicate that subject has the attached Criminal Arrest Record

Madison Police Department Authorized Signature

Date