Operator Application for Licenses to expire 6/30/2020

•	uals selling or serving alco	hol, pursuant t	o Madison G	eneral Ordinan	ce 38.05. Fee	es are not	refundable.
, .	License (\$80). License with two mo	nth Provisio	onal Licen	se issued to	day (\$95).		
Office use:	LICOPR-20 18-	0091	Ó		BST	Date E	16/18
An Opera of your a This appli If you have disclose the lif you are clarificated Your apple You can of your with www.wcc. conviction Review of you The Madis provided in If there are appears the the Alcohol If you are a Meetings of First Name	lication will not be proceed that information regards which you interacted, on the case of	at accurately a per to include spond to any observed until your arrest the Wiscon of t	and complete the facts of questions or u deal with est and convisin Circuit (a not provide proviction reconficient from your so, your apprend the conviction apprendiction reconficient from your so, your app	ely. a specific incident of this form, characteristic of this form, characteristic of the court	dent it is receech with the earrants. from the police website at sive list of A. ify that the ires to your apyou may be comeded.	result in ommended City Clerice departed LL arrest of the original of the alled to a	n the denial ed that you ek for ment, the es and en you have
Residence: Street	Address		City		State	Zip	
				dison	WI	53	
Phone	Date of Birth					· · · · · · · · · · · · · · · · · · ·	714
	Date of Bitti	1.		ice (City, State)	1		714 Sex Make
Driver's License N	Number (State & Number)	Place of emplo	oyment and ph	irfild, Town	Address		Sex
, -	-	Place of emplo	oyment and ph	irfild, Town			Sex
Other names, alias	Number (State & Number) ses or birthdates ever used:	Chusekey	oyment and ph	irfild, Town	Address		Sex
Other names, alias	Number (State & Number) ses or birthdates ever used: ved in since age 18, including	Chusekey	oyment and ph	irfild, Town	Address		Sex
Other names, alias	Number (State & Number) ses or birthdates ever used: ved in since age 18, including	Chusekey	oyment and ph	irfild, Town	Address	2003	Sex Make
Other names, alias	Number (State & Number) ses or birthdates ever used: ved in since age 18, including	Chusekey	oyment and ph	irfild, Town	Address From:	2003	Sex Make To:
Other names, alias	Number (State & Number) ses or birthdates ever used: ved in since age 18, including	Chusekey	oyment and ph	irfild, Town	From:	2003	Sex Make To: To: Present

-over-

	our 17 th birthday Iing criminal trai	y, have you ever been convicted of a felony or ffic offenses)	misdemeanor?	□ Yes	Ø No
		ever waived into adult court and convicted of	a felony or misdemeanor?	□Yes	No
Have y	ou ever been cor	victed by a military court-martial?		□ Yes	Ø No
Have y	ou ever been cor	nvicted of disorderly conduct that involved vio	lence against another person?	□Yes	ØNo
List	Any <u>Pendin</u>	<u>ig</u> Citations, Tickets, or Crimin	al Charges		
Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	an establ	or around
lelb	Madison, WI	200 Degree School ASSULT	Yes	V	6
		s, Tickets, Municipal/Ordinand		al <u>Convic</u>	<u>tions</u>
Year	Location	Tickets). Attach additional paper if ne Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	an establ	or around
e15/16	Madison	Speeding Ticket	Ne	Ne	>
		/			
		/			
		/			
The una pecome	lersigned affirms	t be notarized. that he/she made complete and true answers a ication and that the applicant applying for an efore me . 20			record will
		,	Applicant's Signatu	ıre	
	Notary	Public			
Лу Сор	amission expires				
		To be filled out by the Madi	son Police Department		
		iminal Arrest Record with either the Wisconsin subject has the attached Criminal Arrest Reco	n State Crime Bureau or with the Mad	dison Police Γ)epartment
	noo marouto that				
u г		Police Department Authorized Signature	Dat		

Paul A. Lema: Guideline(s)_

State Date	Date	Description	Pending		Conviction Fel/Misd/Ord
WI	06-04-2016	2nd Degree Sexual Assault-Intoxicated Victim			Felony
					-
Completed by:	ted by:	Date Completed: 09-12-2018		I	
IS	Submit to Council				
Ā	dditional Info F	_ Additional Info Required/ Resubmit application			
×	X Submit to ALRC				

Captain Initials:

Other Action:

Date: 9-12-18