

Operator Application for Licenses to expire

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

Two-Year Operator License Fee \$80.00

Office use:	LICOPR-2018-00550	BST Date 06/13/2018
--------------------	-------------------	------------------------

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 your interacted, or the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/indes.xsl (CCAP may not provide a comprehensive list of ALL arrests and convictions).

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 Tessa	M. I. M	Last Name Cushman
---------------------	------------	----------------------

Residence: Street Address	City Madison	State WI	Zip 53703
---------------------------	-----------------	-------------	--------------

Phone	Date of Birth	Birth Place (City, State) Madison, WI	Sex Fema
-------	---------------	--	-------------

Driver's License Number (State & Number)	Place of employment and phone# Oakwood Village Prairie Ridge	Email Address
--	---	---------------

Other names, aliases or birthdates ever used:

Cities and States lived in since age 18, including where you now reside:	From:	To:
Madison WI	09/30/2014	06/13/2018
South Wayne WI	09/15/2007	09/30/2014

Arrest and Conviction Record

Since your 17th birthday, have you been convicted of a felony or misdemeanor? (Including criminal traffic offenses?)	<input type="checkbox"/> Yes	<input checked="" 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 drugs?	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 drugs?	Did the incident occur in or around an establishment that serves alcohol?
2014	Platteville, WI	Underage Consumption	Yes	No
2014	Dodgeville, WI	Underage Consumption	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

My Commission expires _____

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

Tessa M. Cushman:

Guideline(s) 3(b), 5

State	Date	Description	Pending	Conviction	Fel/Misd/Ord
WI	8/22/2014	G7-4-8a Contribute Underage Consumption of Alcohol 1st		X	Forf
WI	8/9/2014	12.02(14)a Possess/Consume Alcohol Under 17-1st Offense		X	Forf
WI	6/1/2014	41.05(42) Resisting or Obstructin Officer 125.07(4)(b) Underage Drinking-Possess-17-20 (1st)		X	Forf

Completed by: _____ Date Completed: 7/12/2018

____ Submit to Council

____ Additional Info Required/ Resubmit application

Submit to ALRC

____ Other Action: _____

Captain Initials: EG 2780 Date: 8-8-18