Operator Application for Licenses to expire

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

Second-Year Operator License Fee \$45.00

| Office use: LICOPR-2021-007 | | 6 | | | | | BST Date | | | |
|--|---|--|---|--|--------------------------------|-----------------------|-----------|---------------------------|-------------|--|
| | | | | 12/27 | | | 12/27/20 | 2021 | | |
| of your a This appl If you have informate If you are Your app You can a | ator License is a privilege, not application. lication must be filled out acur we any doubt as to whether to son. e unsure about how to respond olication will not be processed obtain information regarding y racted, or the Wisconsin Circu | rately and con include the f I to any quest until you dea your arrest ar | omplete facts of tions or al with nd conv | ely. f a specific on this form outstandi viction rec | c incide n, chec ing war | ent it is recomme | ended tha | at you dis r clarifica | ntion. | |
| 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 Bryana | | | M. I. Marie | | Last Na Nie | lame iemczynski | | | | |
| Residence: Street | A 11 | | | Ca. | | | -4- | 7: | | |
| Residence: Succi | Address | | | lity | . | W | ate ⁄I | Zip | | |
| Phone | Date of Birth | | | Birth Place Burlingto | | State) | | | Sex Fema | |
| | Number (State & Number) | Place of emplo Barriques, C | • | - | | Email Address | | | | |
| Other names, alias | ses or birthdates ever used: | | | | | | | | | |
| | ived in since age 18, including where | you now resid | le: | | | | From: | | То: | |
| Eau Claire | Eau Claire WI | | | | 09/01/2 | | | 06/30/2021 | | |
| Mount Horeb | WI | | | | | 07/01/2021 12/27/2021 | | | 12/27/2021 | |
| Since your 17th b | Conviction Record birthday, have you been convicted of nal traffic offenseses?) | a felony or mis | sdemean | ior? | | | | □ Yes | ☑ No | |
| As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? | | | | | | | □ Yes | ☑ No | | |
| Have you ever been convicted by a military court-martial? | | | | | | | □ Yes | ☑ No | | |
| Have you ever been convicted of disorderly conduct that involved violence against another person? | | | | | | | | ☐ Yes | ☑ No | |

| List A | Any <u>Pending</u> Cit | tations, Tickets, or Crimin | nal 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 A | All Citations, Ti | ckets, Municipal/Ordinan | ice Violations and Criminal <u>Co</u> | <u>nvictions</u> | | | | | |
| (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 or around an establishment that serves alcohol? | | | | | |
| 2019 | Eau Claire | Underage | Yes | No | | | | | |
| 2020 | Eau Claire | Underage | Yes | Yes | | | | | |
| 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 | thisday of, 20 Applicant's Signature | | | | | | | | |
| | 1.pp. cam a 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 De | epartment Authorized Signature | | te | | | | | |