Caleb D. Stewart: Guideline(s) 20

	State	Date	Description	Donding	Convinction	To.1045.470
	WI	5/8/2015	Cause Injury/Onerate While and Influence (1st) (PAC<0.15)	A CHAIR	Conviction	A SHUMB COUNTOUGH FEITHISA/OFA
			(CTION) (181) CHARLES AWAY THE CHARLES (TOTAL)		∢	TATISO
					•	
	Complet	Completed by:	Date Completed: 3/19/2018			
	S 	Submit to Council				
ļ	A.	dditional Info R	Additional Info Required/ Resubmit application			
ľ	\times	X Submit to ALRC				
`	δ 	Other Action:				
			Captain Initials: 22 2780	7.78%	Date:	-//-

Operator Application for Licenses to expire 6/30/2018 For individuals selling or serving alcohol, pursuant to Madison General Ordinance 38.05. Fees are not refundable.

/ \ ^	License (\$45). License with two mo	onth Prov	isional Licen	se iss	ued today	(\$60).	
Office use:	LICOPR-20 /8-	002	09			BST Date /-	-8-1-7
Filling out y An Oper of your a This app If you had isclose If you are clarificat Your app You can court with www.wc convictio Review of yo The Mad provided If there are appears the Alcoholic out are	our application ator License is a privileg application. lication must be filled ou we any doubt as to wheth the information. e unsure about how to re- ion. olication will not be proc- obtain information regar h which you interacted, o ca.wicourts.gov/index.xs	ge, not a right accurated ther to incluse spond to an essed until ding your a for the Wisconthe Wisconthe Wisconthe Wisconthe Will performe. The end information of the wittee.	ght. Any false and complete ade the facts of any questions or you deal with arrest and conversin Circuit Consin Circuit Consideration from your do so, your apprend to so, your	ely. a spec this frontstan iction Court A a com d check cord as applic	ific incident form, check and ending warrant record from Access webstappehensive that to verify the sit relates to cation, your the control of the control o	it is recommend with the City Cle nts. the police deparsite at list of ALL arres nat the information your application may be called to a enied.	led that you ark for the
First Name	Of the Attonor Liceiwe In	EVIEW COII	M. I.	Last 1		1	
Residence: Stree	t Address Date of Birth		City A	رار <u>کر کر</u> ace (Cit	OV v. State)	State Zip 53	70 ^L
\	Number (State & Number)	Place of en	nployment and ph	01/10 one #	Email Addre	Sconsin	Male
Other names, alia	ses or birthdates ever used:	III CK.	par or		-	-	
Cites and States I	ived in since age 18, includin	g where you	now reside:			From:	То:
Water ta	10, WI	and the second s		was		From: 1987	To: 2015
Madiso	N, WI					From: ZOIS	To: Present
-					V-149-AV	From:	To:
						TIOM	1 20.

-over-

Arrest and Conviction Record								
Since (Inclu	XYes	□No						
As a ju	□ Yes	χNο						
Have y	□Yes	No						
Have y	□Yes	Σίνο						
List	Any Pendin	g Citations, Tickets, or Criminal Cha	orges					
		g Citations, Tierces, of Crimmai Cha						
Year	Location Charge At the time of incident were you under the influence of alcohol and/or other drugs? Did the incident occur in or arou an establishment that serves alcohol.							
,								
List.	All Citations	s, Tickets, Municipal/Ordinance Viol	ations and Criminal	l Convicti	ons			
		Γickets). Attach additional paper if necessary.						
Year	Location	Charge At the time of incident were you under the influence of alcohol and/or At the time of Did the incident occur in or arou an establishmen						
2014	Danceconty	Duly Wind	other drugs?	NO	uiconor.			
	Tool or C	5016110	Alcohol	W 10				
2012	wage County	Specoling -	1 NO	100	······			
		L						
Application must be notarized.								
The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.								
	bed and sworn befo	the state of the s		the second secon				
this 9th day of March, 2018								
Notary Public								
My Commission expires 6.29.2018								
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								