Operator Application for Licenses to expire 6/30/2020

For individuals selling or serving alcohol, pursuant to Madison General Ordinance 38.05. Fees are not refundable. Operator License (\$80). Operator License with two month Provisional License issued today (\$95). LICOPR-2019 - 00276 B3T Date Office use: 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 information. 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 www.wcca.wicourts.gov/index.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. Last Name M. I. First Name chnooder valu Zip Residence: Street Address Birth Place (City, State) Date of Birth Phone. Email Address Place of employment and phone # Driver's License Number (State & Number) tamous Daves Other names, aliases or birthdates ever used: (Just my middle Name, NDY 1299 C Cites and States lived in since age 18, including where you now reside: To: From: To: Warronkee WI From: To: From: To: From: To: From: -over-

Arrest and Conviction Record									
(Includ	our 17 <sup>th</sup> birthday, ling criminal traffi	Yes	□ No						
As a ju	venile, were you e	□Yes	No						
Have ye	□Yes	₫⁄No							
Have y	ou ever been conv	st another person?	□ Yes	V/No					
List	Any Pending	Citations, Tickets, or Criminal Char	ges						
Year	Location	Charge Nothing Pending	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the in occur in o an establi- that serve	r around shment				
List	All Citations	, Tickets, Municipal/Ordinance Viola	tions and Crimina	I Convict	ions				
(Exclu	ding Parking T	Cickets). Attach additional paper if necessary.							
Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the in occur in o an establithat serve	r around shment				
2016	Madison	Day care Cutation for having one		NOV					
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		ust be signed.			_				
The undersigned acknowledges that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000, 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.									
She	MOD ISO Applicant	Muschioodoj 37 Signature Date	2019						
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	Dat	te					

## Shontel D Schroeder Guideline(s) <u>75), 5</u>

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Pending Conviction Fel/Misd/Ord	9/21/18				
Conviction X					
Pending		<del></del>			
	Madison Police Department		·		
Description Resist/ Obstruct					
Date 8/19/16					
State Date WI 8/19/16					

Date Completed: 4/29/19				
	,> 	Additional Info Required/ Resubmit application		
Completed by:	Submit to Council	Additional Info Re	Submit to ALRC	Other Action:

Captain Initials: LEL 2780