

**CITY OF STOUGHTON  
LICENSE APPLICATION**

**Temporary Operator's (Bartender's) License - \$10.00**

Receipt Number: \_\_\_\_\_

**TO BE FILLED OUT BY THE APPLICANT:**

NAME OF APPLICANT		Last	First	Middle Initial	WISCONSIN DRIVER'S LICENSE NUMBER	
HOME ADDRESS		Street		City	State	Zip Code
HOME PHONE #:			BIRTHDATE:			
ORGANIZATION AFFILIATION:				EVENT & DATE TO BE WORKED:		
<p>DURING THE PAST YEAR, HAVE YOU BEEN CITED, ARRESTED, CHARGED OR CONVICTED FOR ANY VIOLATION OF ANY LAW RELATED TO ALCOHOL OR SUBSTANCE ABUSE? IF SO, GIVE DATES OF CITATION, ARREST AND/OR CONVICTION, PENALTY IMPOSED, NAME OF COURT IN WHICH CONVICTED AND STATE DISPOSITION OF CHARGE, IF NOT STATE "NONE"</p> <p>_____</p> <p>_____</p>						
<p>HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE WHILE INTOXICATED?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF YES, EXPLAIN: _____</p> <p>_____</p>						
<p>HAVE YOU BEEN HOSPITALIZED OR TREATED IN THE LAST TWO YEARS FOR DRUG ABUSE OR ALCOHOLISM?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF YES, EXPLAIN, GIVE DATES: _____</p> <p>_____</p>						
<p>MENTAL/EMOTIONAL PROBLEM(S)?    <input type="checkbox"/> YES    <input type="checkbox"/> NO    IF YES, EXPLAIN, GIVE DATES: _____</p> <p>_____</p>						
<p>I hereby apply for a license to serve Fermented Malt Beverages and/or Wine, subject to the limitation imposed by Section 125.17(4) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages if a license be granted to me.</p> <p>The undersigned affirms that he/she made and signed the foregoing application for an operator's license and that he/she made complete and true answers to each question.</p> <p>_____</p> <p>APPLICANT'S SIGNATURE</p>						
<b>TO BE FILLED OUT BY THE STOUGHTON POLICE DEPARTMENT</b>						
<p>_____ Subject has no Criminal Arrest with either the Wisconsin State Crime Bureau or with the Stoughton Police Department.</p> <p>_____ Files indicate that subject has the following Criminal Arrest Record:</p>						
ARRESTING AGENCY		DATE		CHARGE		DISPOSITION
DATE:				AUTHORIZED SIGNATURE		
						CHIEF OF POLICE



**ORDINANCE TO PROHIBIT LICENSING OF PERSONS HAVING  
OUTSTANDING CITY OF STOUGHTON DELINQUENCIES**

Section 14-2 of the Stoughton Municipal Code reads as follows:

Sec. 14-2 License withholding for unpaid city claims.

City representatives shall not issue a permit or an original or renewal license to any person who has delinquent financial claims outstanding to the city, including, without limitation due to enumeration in this section, unpaid taxes, assessments, delinquent municipal utility charges or unpaid ordinance violation convictions.

I understand the above ordinance and hereby state that I do not have any delinquent accounts with the City of Stoughton or its Electric and Water Utility. False statements will constitute immediate revocation of permit or license.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
License Applicant's signature