



City Clerk's Office  
 7525 W. Greenfield Ave.  
 West Allis, WI 53214  
 (414) 302-8220  
[www.westalliswi.gov](http://www.westalliswi.gov)

# OPERATOR'S LICENSE APPLICATION

**Fee: \$105**

*(fee includes \$15 record check fee)*

- Licenses are valid during the period of July 1, 20\_\_ to June 30, 20\_\_
- A \$15 record check fee is included in the overall license fee
- All fees are non-refundable
- Cash or check only

**Request:**      New                      Renewal                      **Additional Request:**    Provisional (add \$15)

**★Name must appear exactly on your Driver's License or State Identification Card★**

**Full Name:** \_\_\_\_\_  
Last Name                                      Middle Name                                      First Name                                      Suffix (Jr., Sr., I, II, III)

**Other names (incl. maiden):** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Driver's License/State I.D.:**

The City of West Allis Police Department will complete a background check on the applicant. You may be required to appear before the License & Health Committee to determine if any arrests or convictions for felony, misdemeanor, or other offenses substantially relate to the licensing activity.

I CERTIFY THAT, I have held a retail license, manager's or operator's license within the past two years **(if in another municipality other than the City of West Allis, proof is required) OR** have completed the "Responsible Beverage Server's Training Course" **(proof of completion certificate is required) OR** have enrolled in the "Responsible Beverage Server's Training Course" **(proof of enrollment receipt is required).**

I DO HEREBY make application for an operator's license, ending on the date listed at the top of this application *(unless sooner revoked)* to dispense alcoholic beverages on premises requiring a retail Class A, Class B, or Class C license, all subject to provisions of and limitations imposed by Wisconsin Statutes Chapter 125 and the City of West Allis Revised Municipal Code Chapter 9.

I DECLARE UNDER PENALTY OF LAW that all of the above information is true and correct to the best of my knowledge and belief. Incomplete, incorrect, or false information may lead to denial or revocation of this license. **Any person who knowingly provides materially false information on an application may be required to forfeit up to \$1,000.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Clerk's Office Use:			
License # (New/Renewal)	Date Provisional Issued	Date Background Received	Common Council Disposition  <input type="checkbox"/> Granted _____ <input type="checkbox"/> Denied _____ <input type="checkbox"/> Placed On File _____
Proof Type	Proof Issuing Entity	Date Regular License Issued	