



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

TEMPORARY OPERATOR'S LICENSE

Non-refundable FEE: \$30

(includes \$15.00 record check)

Cash or Check only

- License is valid for Event dates
- A \$15 record check fee is included in the overall license fee
- All fees are non-refundable
- Cash or check only

Event Name, Date(s), and Times Needed: _____

West Allis Police Department will perform a record check to verify the information you provided is complete and accurate.

★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 known as: _____ **E-Mail:** _____

***Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Date of Birth:** _____

Driver's License/State I.D.:

In the space provided list any and all criminal convictions, offenses, or arrests substantially related to the licensed activity and/or involving an offense against life and/or bodily injury, an offense against children, a violent offense against a child, and/or drug offenses related to manufacture, delivery, or distribution of controlled substances. Use a separate sheet of paper, if necessary. None

Date	Violation	City, County and State

I DO HEREBY make application for a temporary operator's license for the dates listed above, inclusive, *(unless sooner revoked)* to dispense alcoholic beverages on premises requiring a temporary Class B Beer and/or Wine 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, and all acts amendatory thereof and supplementary thereto.

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 or incorrect information may lead to denial of this license. **Any false statements made by the licensee on the application may result in the denial or revocation of the license.**

 Applicant's Signature

 Date

Clerk's Office Use:		
License #	Date Police Background Received	Disposition
Common Council Date	<input type="checkbox"/> N/A <input type="checkbox"/> Granted <input type="checkbox"/> Placed on File <input type="checkbox"/> Denied	Date Issued