



CITY OF JANESVILLE
Temporary Operator License Application
License good for one to fourteen days

***Copy of Photo ID
is required**

Non Profit that is applying for the temporary license	Dates needed
	Temporary License Number

Fee: \$20.00

License Fee is Non-Refundable

Note: City of Janesville Ordinance Sec. 12-3 requires applicants Accounts Receivable with the City be current before a license may be issued.

1. Legal Name: _____ Race: _____ Sex: M F
First Middle Last

Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____

Date of Birth ____/____/____

How long have you lived at above address? _____ Former Names: _____

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you **ever** been convicted of a felony? Yes No

3. Within the past **five (5) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for** any of the following? If unsure check the WI Circuit Court Access website at: <http://wcca.wicourts.gov>

a) Any underage alcohol violation?	Yes	No
b) Operating a motor vehicle while intoxicated?	Yes	No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	No
d) Permitting underage person on licensed premises?	Yes	No
e) Allowing persons on licensed premises after closing?	Yes	No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	No
g) Sale or possession of drugs of any kind?	Yes	No
h) Fighting, disorderly conduct, assault, or battery?	Yes	No
i) Resisting arrest or obstructing an officer?	Yes	No
j) Issuing bad checks?	Yes	No
k) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No

4. For each **YES** response in #3, you must identify all the violations, when and where they occurred, on the following lines. Attach additional sheets if necessary or continue on the back of this application.

Type of Arrest, Summons, Violation or Charge.	Month/Year	City	State

5. Within the the last two (2) years, did you have or complete one of the following:

- Successfully completed an Responsible Alcohol Servers Course Were an alcohol agent for a retail alcohol license
 Held an Operator's License issued in Wisconsin Were the sole proprietor of retail alcohol license

Certification: I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the city limits of Janesville.

_____ Date

_____ Signature of Applicant

Police Department Recommendation and Comments:

Yes _____ No _____

Police Department Signature

Date

Clerk-Treasurer's Office Signature

Date