DATE PAID_____ RECPT #_____

THE CITY OF THORP

OPERATORS LICENSE APPLICATION

REGULAR LICENSE	VALID July 1st, 2025-June 30,2026	$25.00

PLEASE PRINT CLEARLY

NAME OF BUSINESS IT WILL BE USED AT:

FIRST NAME	MIDDLE NAME	LAST NAME

EMAIL ADDRESS	TELEPHONE NUMBER

STREET ADDRESS	CITY	STATE	ZIP

DATE OF BIRTH	DRIVER'S LICENSE #	DL STATE	DL EXPIRATION

PLEASE BE ADVISED THAT THE POLICE DEPARTMENT WILL REVIEW AND VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. IF THE INFORMATION IS INCOMPLETE OR INCORRECT, IT IS LIKELY THAT THE APPLICATION WILL NOT BE APPROVED.

1	HAVE YOU EVER BEEN ISSUED A REGULAR LICENSE IN THE CITY OF THORP	☐ NO: you are a NEW applicant ☐ YES: Please enter expiration date of license _____ (less than 2 yrs)
2	WITHIN THE PAST 2 YEARS HAVE YOU COMPLETED A BARTENDER'S TRAINING COURSEIN THE STATE OF WISCONSIN	☐ NO: YOUR APPLICATION CAN'T BE PROCESSED AT THIS TIME ☐ YES: >> PLEASE ATTACH A COPY OF YOUR WI CLASS CERTIFICATE
3	DID YOU ATTACH A COPY OF YOUR WI CLASS CERTIFICATE	☐ NO: YOUR APPLICATION CAN'T BE PROCESSED AT THIS TIME ☐ YES: >> GO TO QUESTION 4
4	HAVE YOU LIVED OUTSIDE OF WISCONSIN IN THE PAST 5 YRS	☐ NO: >> GO TO QUESTION 5 ☐ YES: LIST LOCATIONS
5	HAVE YOU VIOLATED ANY LAWS? PLEASE LIST ALL VIOLATIONS	☐ NO: >>GO TO QUESTION 6 * FAILURE TO LIST PRIOR VIOLATIONS IS BASIS FOR DENIAL ☐ YES: >> WHAT STATES HAVE YOU VIOLATED LAWS IN _____

YEAR	NATURE OF OFFENCE	YEAR	NATURE OF OFFENCE
YEAR	NATURE OF OFFENCE	YEAR	NATURE OF OFFENCE

LIST ANY CURRENT PENDING CRIMINAL VIOLATIONS

YEAR	NATURE OF OFFENCE	YEAR	NATURE OF OFFENCE

6	ARE YOU CURRENTLY ON PROBATION OR PAROLE?	☐ NO: >> GO TO QUESTION 6 ☐ YES: >> AGENT'S NAME AND NUMBER:
7	HAVE YOU EVER USED A DIFFERENT NAME OR CHANGED YOUR NAME?	IF SO, LIST OTHER NAMES HERE:
8	DID YOU ATTACH A COPY OF YOUR DRIVER'S LICENSE	☐ NO: YOUR APPLICATION CAN'T BE PROCESSED AT THIS TIME ☐ YES >> GO TO APPLICANT'S STATEMENT

APPLICANT'S STATEMENT

I HEREBY CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IN THE GRANTING OF A REGULAR AND/OR PROVISIONAL LICENSE, I AGREE TO COMPLY WITH THE LAWS OF THE STATE OF WISCONSIN AND THE PROVISIONS OF THE MUNICIPAL CODE OF ORDINANCES OF THE CITY OF THORP.

APPLICANT'S SIGNATURE	DATE
CLERK SIGNATURE	**APPROVED BY CHIEF OF POLICE**