



**TWO  
RIVERS**  
WISCONSIN

# Restricted/Temporary Operator's License Application

Municipal Code 6-2-8

Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

I hereby apply for a license for the dates indicated below, to serve alcohol subject to Wis. Statutes 125.17 and 125.32(2), and hereby agree to comply with all Federal, State, or local laws and regulations affecting the sale of alcohol beverages if a license is granted to me. **NOTE: LICENSE IS NOT VALID until approved by the City Clerk of the City of Two Rivers. Any inquiries regarding the denial of a license should be directed to the City Clerk's Office 920-793-5526. Fees paid are NON-REFUNDABLE.**

SECTION 1 - APPLICANT INFORMATION			
Applicant Name (Last, First, MI)		Maiden or Previous	Date of Birth
Street Address		City	State      Zip
Driver's License Number/State Identification Number		State License Issued In:	Phone
Name of Organization or Club you are working for:			
Dates License is Needed: <b>*Only two license are allowed per year for a maximum of 14 consecutive days each</b>			
SECTION 2 - CONVICTION RECORD - You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in a denial of your application. (Use reverse side if more space is needed).			
Are there any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____ _____			
Have you EVER been arrested or convicted of operating a vehicle while under the influence of an intoxicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when, where, and what type of violation? (Please be specific) _____ _____			
Have you EVER been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when, where, and what type of violation? (Please be specific) _____ _____			
Have you EVER been arrested or convicted of a misdemeanor or ordinance violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when, where, and what type of violation? (Example: speeding, OWI) _____ _____			
SECTION 3 - PENALTY NOTICE			
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.			
<b>Signature:</b>			
FOR OFFICE USE ONLY			
Date to TRPD	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	By	Date
		<i>Chief of Police</i>	
Date Issued:		License Date(s):	License #