

(APPLICATION IS NON-REFUNDABLE)

BEV \$30.00
PTP \$ _____

_____ NEW _____ RENEWAL

DATE: _____

CITY OF CUDAHY
APPLICATION FOR A CLASS "D" OPERATOR'S LICENSE

I, the undersigned, do hereby make application for a beverage operator's license for the year ending June 30, _____, and I certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of beverages under a Class "D" license and I agree to obey all provisions of said law.

a. Name: _____
(last, first, middle)

b. Address: _____

c. City: _____ State: _____ Zip: _____

d. Social Security Number: _____ Home Phone: _____

e. Maiden/Former Names: _____

f. Date of Birth: _____ Place of Birth: _____

g. Sex _____ Race _____

h. Place of business where license will be used: _____

i. Have you ever held a beverage license? Yes _____ No _____

j. Do you presently hold a beverage license? Yes _____ No _____

k. In what city? _____

HAVE YOU EVER BEEN convicted of any non-traffic violation by any governmental body or do you have any pending non-traffic cases against you? Yes _____ No _____

IF YES, COMPLETE THE FOLLOWING. USE SEPARATE SHEET IF MORE SPACE IS NEEDED.

| OFFENSE | CHARGING AGENCY | CONVICTION DATE | PENALTY |
|---------|-----------------|-----------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you have any convictions and fail to list them on your application, you will be prosecuted and fined for false swearing.

STATE OF WISCONSIN
COUNTY OF MILWAUKEE

.....
_____ swears that the information in this application for a
(Applicant's Printed Name)
Class "D" Operator's License is true and correct to the best of my knowledge.

Furthermore, I authorize the release of any and all information, records and documents to the Licensing Committee, Common Council or Legal Department, regarding all matters referred to in this application including, but not limited to, any and all criminal conviction records and waive any rights I might have regarding disclosure of information contained in the Privacy Act of 1974.

Applicant Signature

NOTE: Application must be signed EITHER by two witnesses, OR signed by a person authorized by law to administer oaths.

We, the undersigned witness, certify the above signature.

Name _____
Address _____
Name _____
Address _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Milwaukee County, Wisconsin
My Commission Expires: _____

Police and License Committee

To whom above matter was referred, make report recommending:

_____ Granted _____
Chairman
_____ Denied _____
Member
_____ City Clerk _____
Member

POLICE USE ONLY:

Recommendation of Police Department: Approval _____ Disapproval _____

Signature

POLICE USE ONLY

NCIC _____ CIB _____ CUPD _____

BY: _____ DATE: _____