



City of West Allis, Clerk's Office,  
 7525 W. Greenfield Avenue, West Allis, Wisconsin 53214  
 (414) 302-8220 [www.westalliswi.gov](http://www.westalliswi.gov)

Application for  
**OPERATOR'S LICENSE (TWO YEARS)**  
 Non-refundable FEE: **\$97.00** (includes \$7.00 record check fee)  
 \*Cash or Check Only\*

New  Renewal  Provisional (\$15)

★ 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 CERTIFY THAT, I have held a retail license, manager's or operator's license within the past two years (if in another municipality other than the City of West Allis, proof is required) OR have completed the "Responsible Beverage Server's Training Course" (copy of completion certificate is required) OR have enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).

I DO HEREBY make application for an operator's license for the date hereof to **June 30, 2021**, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class A, Class A, Class B, or Class C 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 # (New/Renewal)	Date Provisional Issued	Date Police Background Received
Disposition		
Common Council Date	<input type="checkbox"/> Granted <input type="checkbox"/> Placed on File <input type="checkbox"/> Denied	Date Issued