

CITY OF RIVER FALLS APPLICATION FOR OPERATORS ' LICENSE

Original License Fee \$40.00 (2 years)
Application Fee \$7.00 (non refundable)

Receipt # \_\_\_\_\_ Payor \_\_\_\_\_

Form with fields: First Name, Middle Name, Last Name, Phone Number, Address, City, State/Zip, County

Where are you planning to work in the City of River Falls?

List all residences for the last 5 years, add additional sheets if necessary.

Table with 6 columns: Address, City, State/Zip, County, From, To

Have you ever been granted an operator's (bartender's) license or any other license to sell fermented malt beverages and/or intoxicating liquors? If so, state name of municipality issuing such license, year of issuance, and place of employment or name of business operated.

Has any such license ever been revoked or suspended? Yes \_\_\_ No \_\_\_

Have you ever been denied an operator's (bartender's) license or any other license to sell fermented malt beverages or intoxicating liquor? If so, state facts.

Do you have current arrests with pending charges or have you been convicted of any violation of law other than minor traffic violations?

Convictions for operating while under the influence of an intoxicant, underage alcohol violations, controlled substance or any other drug is not considered traffic and must be reported.

An arrest record is defined as information that a person has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for any felony, misdemeanor or other offense by any law enforcement or military authority.

Yes \_\_\_ No \_\_\_

Please be advised that this information will not automatically disqualify you, but will only be given consideration if the offenses are substantially related to the license in which you are applying for. If yes, give date, reason, address of court and disposition.

If yes, give date, reason, address of court and disposition. \_\_\_\_\_

The undersigned does hereby respectfully make application for a beverage operator's (bartender's) license for the year(s) ending June 30, \_\_\_\_\_ certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of fermented malt beverages and intoxicating liquor, and I hereby agree, if granted said license, to obey all provisions of said laws, ordinances and regulations.

Applicant's Signature

Date

# River Falls Police Department

## Authorization for Release of Information

(for official use only)

I hereby empower an employee of the River Falls Police Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

- (1) Village, Township, Municipal, County, State or Federal law enforcement or government agencies, Wisconsin Department of Justice and Department of Transportation
- (2) Selective Service System
- (3) Any banking institution
- (4) Any place of business (for purposes of obtaining credit or employment data)
- (5) Credit rating bureaus or institutions maintaining individual credit rating files
- (6) Any previous employer or present employer, including employment history, discipline, personnel action, evaluations, training, etc.
- (7) Any school, college, university or other education institution
- (8) Any person, organization or agency the department chooses to contact or interview that may provide relevant background information
- (9) Other:

This information is to be used to assist the River Falls Police Department, Police and Fire Commission, and the City of River Falls in determining my qualifications and fitness for the position I am seeking with the River Falls Police Department and/or for investigation purposes. Please provide to the River Falls Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged and permit the River Falls Police Department to examine and copy that information if it so desires.

I hereby release any law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

Full Name (print) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Full Name (signature) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (voluntary request) \_\_\_\_\_

Driver License Number and State Issued \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_