



CITY OF RIVER FALLS
APPLICATION FOR RENEWAL OPERATORS' LICENSE

Original License Fee: \$20.00 (invoiced after background check)
Application Fee: \$7.00 (due at submission if license has already expired)

First Name Middle Name Last Name Date of Birth

Address City State/Zip Phone Number

Name and Address of place you are planning to work in the City of River Falls?

Has any such license ever been revoked or suspended?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 any current arrests with pending charges? Yes ___ No ___

Have you been convicted within the previous licensing period of any violation of law other than minor traffic violations? Yes ___ No ___

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. A conviction record is defined as information indicating that a person has been convicted of any felony, misdemeanor or other offense, has been judged delinquent, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or pardoned by any law enforcement or military authority.

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.

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I further certify I am familiar with the laws, ordinances, and regulations pertaining to the sale of beverages and I hereby agree, if granted said license, to obey all provisions of said laws.

Applicant's Signature

Date

For Office Use: Customer#

Bill #

Payor:



City of River Falls
River Falls Police Department
Authorization for Release of Information
 (For official use only)

_____New Agent
 _____Renew Agent
 _____New Operator License
 _____Operator License Renewal (after expiration)

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 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 and/or license I am seeking with the City of River Falls, 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 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: _____

First Name: _____ MI: _____ Last Name: _____ Maiden Name: _____

Address, City, State, Zip _____

Date of Birth _____ Race _____

Driver's License Number and State of Issuance _____

Expiration date of Driver's License _____

Full Name (signature) _____ Date _____

Please include a copy of your driver's license with this application

For Office Use: Customer#	Bill #	Payor:
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