



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Has any such license ever been revoked or suspended?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: