



**CITY OF JANESVILLE**  
**Temporary Operator License Application**  
**License good for one to fourteen days**

Non Profit that is applying for the temporary license

Dates needed

Temporary License Number

**Fee: \$20.00**

**License Fee is Non-Refundable**

Note: City of Janesville Ordinance 5.02.030 requires applicants Accounts Receivable with the City be current before a license may be issued.

1. Legal Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M F

First Middle Last

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

How long have you lived at above address? \_\_\_\_\_ Former Names: \_\_\_\_\_

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you **ever** been convicted of a felony? Yes No

3. Within the past **five (5)** years, **have you been arrested for, received a summons to appear in court for, or forfeited a bond for** any of the following? If unsure check the WI Circuit Court Access website at: <http://wcca.wicourts.gov>

a) Any underage alcohol violation?	Yes	No
b) Operating a motor vehicle while intoxicated?	Yes	No
c) Selling or furnishing alcoholic beverages to underage person?	Yes	No
d) Permitting underage person on licensed premises?	Yes	No
e) Allowing persons on licensed premises after closing?	Yes	No
f) Any alcohol related violation other than a, b, c, d, and e?	Yes	No
g) Sale or possession of drugs of any kind?	Yes	No
h) Fighting, disorderly conduct, assault, or battery?	Yes	No
i) Resisting arrest or obstructing an officer?	Yes	No
j) Issuing bad checks?	Yes	No
k) Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No

4. For each **YES** response in #3, you must identify all the violations, when and where they occurred, on the following lines. Attach additional sheets if necessary or continue on the back of this application.

Type of Arrest, Summons, Violation or Charge.	Month/Year	City	State

5. Within the the last two (2) years, did you have or complete one of the following:

- Successfully completed an Responsible Alcohol Servers Course     
  Were an alcohol agent for a retail alcohol license  
 Held an Operator's License issued in Wisconsin     
  Were the sole proprietor of retail alcohol license

**Certification:** I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the city limits of Janesville.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

Police Department Recommendation and Comments:

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

Police Department Signature

Date

Clerk-Treasurer's Office Signature

Date