

Town of Rome Operator's License Application

For individuals selling or serving alcohol, pursuant to Town of Rome Code § 234-5. Fees are not refundable.

<input type="checkbox"/> New Operator License to expire 06/30/25 (\$30) <input type="checkbox"/> Two-month Provisional License (\$10) (Issued today) <input type="checkbox"/> Renewal Operator License to expire 06/30/26 (\$40)	<input checked="" type="checkbox"/> Background Check Fee \$10 TOTAL DUE \$ _____
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Office Use:	LICOPR-24 _____	Expiration Year:	
	Certificate date:	Date Paid:	

Filling out your application

- An Operator License is a privilege, not a right. *Any false answers or omissions may result in the denial of your application.*
- This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Town Clerk/Treasurer for clarification.
- Your application will not be processed until you deal with outstanding warrants.
- You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/index.xls (*CCAP may not provide a comprehensive list of ALL arrests and convictions*).
- Your application will be denied if you have been convicted of a crime/ordinance violation within the time limits specified in Town of Rome Code § 234-8 **The Code is available on the Town of Rome Website www.romewi.com under the “Government” tab and then selecting “Town Code”.**

Review of your application

- The Rome Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- ***The police department will recommend denial to the Town Administrator if the application is falsified, not accurate, or doesn't meet the background required of applicants under Town of Rome Code § 234-8.***

First Name	M.I.	Last Name	
Current Residence: Street Address		City _____ State _____ Zip _____	
Phone	Date of Birth	Birth Place (City, State)	Sex
Driver's License Number (State & Number)		Place of employment and phone # Email Address	
Other names, aliases or birthdates ever used:			
Cities and state lived in the last 5 years, including where you now reside (<i>most recent first</i>):		From:	To:
		From:	To:
		From:	To:
Indicate whether you are a U.S. Citizen, U.S. Alien, or Temporary Resident:			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> Temporary Resident (employment number _____)			

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Arrest and Conviction Record

Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor? (including criminal traffic offenses)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted by a military court-martial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of disorderly conduct that involved violence against another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List All Pending Citations, Tickets, or Criminal Charges

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

List All Citations, Tickets, Municipal/Ordinance Violations within the last 5 years (Excluding Parking Tickets).

Attach additional paper if necessary.

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

List ALL Criminal Convictions. Attach additional paper if necessary.

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

The undersigned affirms that he/she made complete and true answers to each, certifies they are over the age of 18, have read and understand the licensing guidelines, authorizes review and full disclosure of any and all records, files and reports to include any police contact as well as arrests, agrees to comply with all laws ordinances and regulations, provides a photo copy of the non-expired driver's license or state issued identification card and that the applicant for an Operator's license is a Wisconsin resident.

Applicant's Signature**To be filled out by the Rome Police Department**

Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Rome Police Department

Files indicate that the subject has the attached Criminal Arrest Record

Approved Denied

Rome Police Department Authorized Signature

Date

Administrator Signature

Date