



2. Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation?  yes  no

If yes, provide the place and date \_\_\_\_\_

5. Have you been hospitalized or treated in the last five years for drug abuse or alcoholism?  yes  no

If yes, explain and give dates. \_\_\_\_\_

\_\_\_\_\_

6. Are you a citizen of the United States?  yes  no

7. Since when have you been a resident of the State of Wisconsin? \_\_\_\_\_

8. List addresses and dates of residency for the past 5 years. \_\_\_\_\_

\_\_\_\_\_

I understand that the fee is not refundable should this application be denied.



STATE OF WISCONSIN )  
 ) SS  
DANE COUNTY )

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant in the foregoing application are true.

X \_\_\_\_\_  
(Applicant sign here)

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Wisconsin

My commission  is permanent

expires \_\_\_\_\_



Recommendation by McFarland Police Department: \_\_\_\_\_

Approval  Denial  Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Police