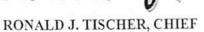


# Department of Police





May 8, 2015

Brent A. Roraff 921 15<sup>th</sup> Street S. La Crosse, WI 54601

Dear Mr. Roraff:

Your application for	Beverage Operator's	s License is being	recommended fo	r denial for	the following
reason(s):					

$\bigcirc$	Probation/Parole status.
( <u>X</u> )	Current charges pending.
	Outstanding warrants.
	Past conviction record (see attached record summary).
(_)	Incomplete Application: omitted past arrests, list "all" arrest section.
	Other:

You may discuss this recommendation with the Chief of Police or designee by setting up an appointment through the Chief's office at 789-7230.

You may also appeal this denial by requesting a hearing before the Judiciary and Administration Committee of the Common Council no later than 5:00 P.M., fifteen (15) days before the second Thursday of the month. This can be done by contacting the City Attorney at 789-7511.

Sincerely,

Andrew (Drew) J. Gavrilos

Sergeant

Records/Licensing Division

789-7230

cc. Chief of Police, City Attorney, City Clerk

### BEVERAGE OPERATOR'S LICENSE DENIAL: Brent A. Roraff

DATEARREST/CITATION TYPEDISPOSITION11/05/2014Child Abuse – Recklessly Causing Harm<br/>Amended to BatteryPending

#### **OBSERVATIONS:**

1. Applicant has a pending criminal case through La Crosse County for Child Abuse.

## Application for Beverage Operator's License - La Crosse, WI

Renewal:

X 60-Day - \$15.00

Period ending: \_

Receipt Number:

125205

14-Day - \$15.00

Period from:

New: X

The undersigned respectfully applies for a Beverage Operator's License for:

RORAFF

**BRENT A** 

ALAN

34

To The Common Council of the City of La Crosse:

X 2 Year - \$30.00

Last Name

Year ending June 30, 2017

First Name and MI Full Middle Name

Age	34	
Date of Birth		
Place of Birth	LA CROSSE WI	
Phone	(608) 769-0406	
Current Address	921 15TH ST S	
City, State, Zip	LA CROSSE WI 54601	
Add'l, Mail Name		
Mailing Address	921 15TH ST S	
Mailing City, State, Zip	LA CROSSE WI 54601	
Previous Address	3019 33RD ST S #2	
Previous City, State, Zip	LA CROSSE WI 54601	
Place of Employment	OVERTIME	
Identification		
	that refunds are not allowed for any portion of the application fee pail offenses and/or for any outstanding debts owed to the City.  Signature of Applicant:	d even if
FOR OFFICE USE ONLY		-000 -000 1 B1
Initial of CCO Emp: SLC	Granted: 2-Year License Number:	Billin 901 Ta ARTEND
Training: TRAINED 9/3/09, (PRE	EVIOUS EXPIRED 2011) NEW 15-17	ng - 125205 ara F. 05 DER CUSTOME
	ty of La Crosse, do hereby certify that I have examined the within applicant as to ator in the City of La Crosse and hereby approve such application.	- 2015 /07/2015 R
Date: Signat	ture of Chief:	01:39FM
	Denied on 5/8/15 A	

# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Brent Roraff

Date of Completion: 12/16/2013 13:25 CST

School Name: Learn2Serve Certification #: WI 2177135

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters 13801 N. Mopac, Suite 100 Austin, Texas 78727 P: 800-442-1149