



City of La Crosse, Wisconsin

APPLICATION FOR BEVERAGE OPERATOR LICENSE

Check One: New Renewal

Fee: \$ _____

Invoice: _____

2-YEAR

Approved by the Common Council.

Note: When applying within a license year, the period may be shorter than 2 years.

60-DAY PROVISIONAL

Must also apply for the 2-year; issued once the background investigation is complete and approved.

14-DAY TEMPORARY

Issued to operators employed by, or donating services to, non-profit corporations. Max two per year.

Year ending June, 20 _____

Period ending: _____

Period: From _____ To _____

NAME	<small>First</small> Stephane	<small>Full Middle</small> Jean	<small>Last</small> Ward
AGE	31		
DATE OF BIRTH	[REDACTED]		
PHONE NUMBER	608 406 7704		
EMAIL	tc1schoolsward564847@gmail.com		
ADDRESS	<small>Street</small> 1015 7th St S	<small>City</small> La Crosse	<small>State</small> WI
			<small>Zip</small> 54601
MAILING ADDRESS <small>If different.</small>			
PLACE OF EMPLOYMENT <small>Where you will be using the license; must be in the City of La Crosse.</small>	MR STIX		
IDENTIFICATION <small>Driver License/State ID Number</small>	<small>Number</small> [REDACTED]		<small>State</small> WI
Violations – please read carefully! List ALL violations (Federal, State and City) INCLUDING speeding or other traffic violations, alcohol, drug, etc. Include any pending violations and/or charges that were dismissed. Failure to list all violations may result in the rejection of this application. **IF THIS IS A RENEWAL, list only violations since date of your last application.			
HAVE YOU EVER BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, FOR A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIPTION OF OFFENSE	DATE OF OFFENSE	CITY & STATE OF OFFENSE	

I certify the above information is true, correct and complete and that falsification may result in denial of such license. Further, I understand that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending violations and/or for any outstanding debts owed to the City.

Signature: _____

Date: 7/10/23

Approval of Municipal Authority - Investigations done by the La Crosse Police Department.

Upon investigation of statements made on this application and municipal and state criminal records, license is hereby: APPROVED DENIED

Office Use Only

Training: 6/10/2023

Granted: _____

2-Year License Number: _____