1862-19

\$75	LICENSE ACCT #: 11101-44110
\$15	RECORD CHECK ACCT #: 11101-46100

BILL #:	_2423				
DATE:	6-14-19	-			



RECEIPT #: _____

OPERATOR'S LICENSE APPLICATION THIS LICENSE WILL BE MAILED TO THE ADDRESS LISTED BELOW.

NEW RENEWAL						
NAME Peterson LAST	FIRST	E M.I.	MAIDEN NAME			
ADDRESS 4015 1744	54	CITY_	Racine STATE Wi ZIP 53405			
DATE OF BIRTH HOME TELEPHONE NO. (262) 822-5400						
BUSINESS NAME WHERE LICENSE IS TO BE USED Arbee's Liguor						
ARE YOU AT LEAST 18 YEARS OLD?	YES	NO				

I hereby apply for an operator's license to draw, serve and/or sell alcohol beverages as defined by law, until the end of the licensing period, subject to the conditions and limitations imposed by chapter 125 of the Wisconsin statutes and by chapter 6 of the Racine municipal code.

HAVE YOU EVER BEEN CONVICTED OF <u>ANY</u> OFFENSES? You do not need to include minor traffic offenses. YES_X____ NO_____

(IF YES, GIVE LAW OR ORDINANCE VIOLATED, TRIAL COURT, TRIAL DATE AND PENALTY IMPOSED, AND/OR DATE, DESCRIPTION AND STATUS OF CHARGES PENDING.) OWI 5+4 08-2010, OAR IS+ 2019. I have matured since the OWI and no longer own a vehicle.

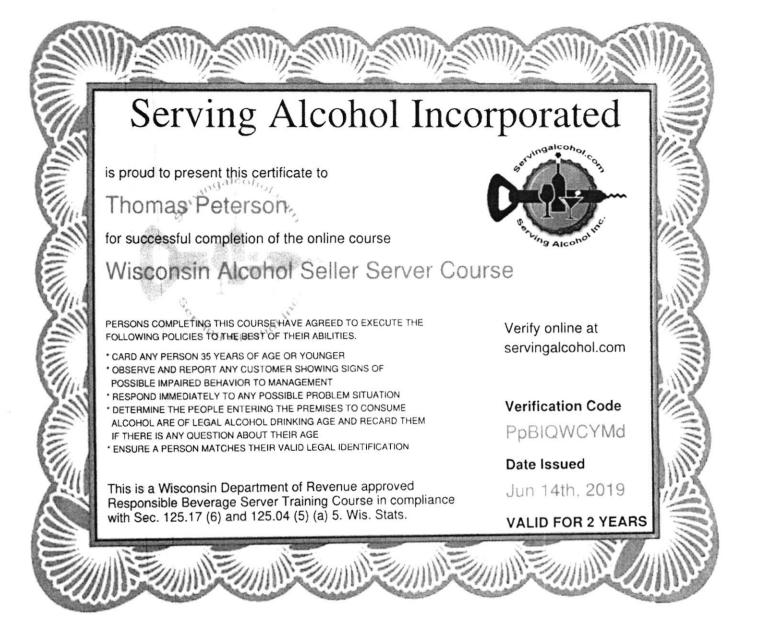
DO YOU HAVE ANY CHARGES PENDING AGAINST YOU? You do not need to include minor traffic offenses. YES______ NO_____

(IF YES, DESCRIBE STATUS OF CHARGES PENDING.)

NOTE: WISCONSIN LAW PROHIBITS THE GRANTING OF AN OPERATOR'S LICENSE TO A PERSON WITH AN ARREST OR CONVICTION RECORD, SUBJECT TO WIS. STAT. SECS. 111.321, 111.322, 111.335 AND 125.12(1)(b).

Homas

SIGNATURE OF APPLICANT



Learn more about this wallet card at http://servingalcohol.com/wallet-card

Wisconsin Bartender License Name: Thomas Peterson Certification Date: Jun 14th, 2019 Certificate Code: PpBIQWCYMd Verify Online: servingalcohol.com 125.17(6) & 125.04(5)(a)5. Wis. Stats. SERVING ALCOHOL INC VALID FOR 2 YEARS Thomas Peterson

Cover Sheet for Alcohol Beverage Application Background Checks

Type of license:

 _____ Class "A"
 _____ "Class A"

 _____ Class "B"
 _____ "Class B"

 _____ X___ Operator's license
 _____ "Class C"

Background check: ____Sgt L Webb_____7/19/19____ (Name of person at RPD) Date results received

Results:

No Record

_____ Record exists, but the person still qualifies under policy guidelines

_____ Charges pending which, if convicted would disqualify the applicant under guideline number(s):

_____X___ Record exist and the person is disqualified under policy guidelines number(s):

____X_1- Felony conviction which substantially relates

______ 2- One or more offenses within the past 5 years involving crimes of violence, lack of cooperation with law enforcement or distribution of drugs; or 2 or more of the same offenses within past 10 years, which substantially relates

3- Two or more offenses within the past 5 years involving disorderly behavior, criminal damage to property, prostitution, alcohol beverage offenses, possession of a controlled substance, possession of paraphernalia, operating while under the influence of drugs or intoxicants, operating with a prohibited alcohol concentration, open intoxicants, perjury or other crimes of dishonesty, etc., which substantially relate

______ 4- A habitual law offense (2 or more offenses within the past year, 3 or more offenses within the past 5 years, 5 or more offenses within the past 10 years

____X__ 5- False statement on license application

Did not disclose the 1998, 1999, 2003, 2005, or 2006 Convictions

Dear Applicant:

Your records check came back with the following convictions:

Year	Offense
1998	Disorderly conduct – Misd
1999	Disorderly conduct –Non-criminal
2003	Bail jumping
2005	Disorderly conduct –Non-criminal
2006	Disorderly conduct- Misd
2008	OWI
2012	OWI- Prohibited Alcohol-Felony

Based on these convictions, you are disqualified under Policy Guideline # 1&5 (see cover sheet and policy guidelines for details) from obtaining an alcohol beverage/operator's license. The public safety and licensing committee will be notified of this records check, along with the fact that you do not qualify for a license.

This matter will now go before committee on <u>August 13, 201 at 5:30 pm, room 307</u> for a hearing. At that time, you must present **competent evidence of rehabilitation** in order to overcome the disqualification. These must include all of the following (if applicable to you).

- Certified copy of honorable discharge or separation under honorable conditions
- A copy of local, state or federal release document (from the Department of Corrections or your parole or probation agent) showing discharge from incarceration or probation/parole
- A copy of the department of correction's document showing completion of probation, extended supervision or parole
- Other evidence showing that one year has elapsed since release of institution without subsequent conviction of a crime along with evidence showing compliance with all terms of probation, extended supervision or parole.

In addition to presenting the above documentation, you should also address the following factors or bring documentation of the following before the committee:

Evidence of the nature and seriousness of any offenses convicted

- Evidence of all circumstances relative to the offense, including mitigating circumstances or social conditions surrounding the commission of the offense
- The age of the individual at the time of the offense
- The length of time elapsed since offense committed
- Letters of reference by persons who have been in contact with the individual since the applicant's release
- Other relevant evidence of rehabilitation and present fitness presented

If you would like to submit any of these documents for the committee to consider, please do so at least 24 hours before the committee meeting at the clerk's office. Please contact us with any other questions. Thank you.