

Sarah Haltaufderheide

From: David Stortz
Sent: Saturday, January 25, 2020 3:59 AM
To: Lisa Kalata
Cc: Sarah Haltaufderheide; Daniel Layber
Subject: FW: Operators License
Attachments: 4105_001.pdf

After reviewing Tommy L Johnson's WORCS, DOT, RMS, and WI Circuit Court Access records, I have not located any issues which would prevent Johnson from obtaining his Operators License and I recommend Johnson for approval of his Village of Cottage Grove Operators License Application.



STATE OF WISCONSIN DEPARTMENT OF JUSTICE

- Request Date: **1/25/2020**
- Report Date: **1/25/2020**

This criminal background check was performed by searching the following data submitted to the Crime Information Bureau

- Name: **JOHNSON, TOMMY L**
 - Date of Birth: **5/2/1991**
 - Alias Names:
-

Toggle navigation Menu

-
- [About](#)
- [Department of Justice](#)
- [Crime Information Bureau](#)
- [Background Check Information](#)
- [Training Documentation](#)
- [Related Sites](#)
- [Background Checks](#)
- [Submit New Request](#)
- [Upload File Request](#)
- [View My Requests](#)
-



VILLAGE OF COTTAGE GROVE OPERATORS LICENSE APPLICATION

New
Renewal

Please complete all required information. This application must be answered completely and accurately before processing. A \$25.00 license/application fee is required and must accompany this application. If you have not previously held an operators license in the Village of Cottage Grove a copy of the Responsible Beverage Servers Certificate must be attached. All applicants are required to provide a copy of their Wisconsin Drivers License or I.D. Card. The annual licensing period is from July 1 through June 30.

Full Name: Tommy L Johnson
First Middle Last

Complete Address: [REDACTED]
Street Address City/State/Zip Code

Phone Number (h) [REDACTED] (w) [REDACTED]

Drivers License Number [REDACTED]

Previous Names: _____ Date of Birth [REDACTED]

Applicants must specify name, address and phone number of the establishment where they will be employed. Also the name of supervisor if we have any questions.

Name address & phone number of Establishment:
Black Bear Inn
320 W Cottage Grove Rd
Name of Supervisor:
Dominick DeRosa

List all previous addresses within the past 3 years:
[REDACTED]

Date and Location of Responsible Beverage Server Course
1/2/20 online

You must complete all boxes: Any question answered **YES** must be explained on the back of this page in detail, with any appropriate documentation attached. You may attach additional pages if necessary.

- In the past 5 years, have you been arrested, convicted of or charged with any of the following:

| | | |
|--|-----------|--|
| A. Illegal purchase, sale or providing alcoholic beverages. | Yes _____ | No <input checked="" type="checkbox"/> |
| B. Violation of closing hours at a licensed premises. | Yes _____ | No <input checked="" type="checkbox"/> |
| C. Operating a motor vehicle while under the influence of drugs and/or alcohol. | Yes _____ | No <input checked="" type="checkbox"/> |
| D. A violation of an alcohol beverage law, regulation or rule not specified above. | Yes _____ | No <input checked="" type="checkbox"/> |
| E. Disorderly conduct, criminal damage to property or obstructing an officer. | Yes _____ | No <input checked="" type="checkbox"/> |
- Have you EVER been arrested, convicted of or charged with a Felony? Yes _____ No
- Have you held any type of alcohol beverage license in the last 3 years? If so, list type and location on the back of this page. Yes _____ No
- Do you presently have any overdue or outstanding forfeitures resulting from a violation of any county, state or local ordinance? Yes _____ No
- Have you ever had any alcohol beverage license revoked, suspended or not renewed? Yes _____ No

For Village Clerk's Use Only

Date Received 1/20/20

Fees Received 25.00

Receipt # 1.003244

Provisional # 1920-538

Background Completed _____

Approved or Denied _____

Date Issued _____

License # _____

Legal Review if Denied _____

Certification-Please Read Carefully!

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of this alcohol beverage license. I further understand that falsification of any information provided may be grounds for denial or revocation of this license. I fully understand all state and local laws and ordinances governing the sale of alcoholic beverages that apply to this application, and agree to abide by those laws.

I hereby authorize the Village of Cottage Grove to perform a criminal background and drivers license check.

Signature [Signature] Date 1/2/2020