

CITY OF WAUKESHA CLERK TREASURER'S DEPARTMENT

201 Delafield Street, Waukesha WI 53188 Tel: (262) 524-3550 Fax: (262) 524-3888 www.waukesha-wi.gov

OFFICE USE ONLY! - BTC						
Clerk Initials:						
AAC Date:						
Record Ck requested:						
License #:						

BARTENDER / OPERATOR LICENSE APPLICATION

For license period ending June 30, 20

	Application Inforr	mation – Section 1					
Check One: ☐ First Time Applican ☐ Temp License for N	nt - \$82	t - \$82 (skip to Section 2) r, 14-day max) Event Name/Date	:				
NEW APPLICANTS ONLY! → Please answer the following questions: 1. Have you held a bartender's license in Wisconsin within the last two years? 2. Have you acted as an agent of a licensed liquor establishment in Wisconsin within the last year? 3. Have you completed a WI Responsible Beverage Server Course within the last two years?					□ No □ No □ No		
*If you answered "No" to the questions above, state law requires that you complete a WI Department of Revenue approved Responsible Beverage Server course prior to a license being issued. *If you answered "Yes" to any question above, you must provide proof before a license can be issued.							
Applicant Information – Section 2							
First Name	Middle Name	Las	t Name				
Maiden Name (if any):	Date of Birth	l	Check One: 🗆 I	Male	□ Female		
Phone Number	Ema	il			_		
Home Address					_		
City	State		Zip Code				
	Violations	– Section 3					
✓ I understand failure to list all violations may result in my application being rejected. If my application is rejected, I can choose to pay the reapplication fee of \$20 if I want to be issued a license. I further understand that a complete record check will be conducted by the Waukesha Police Department and compared to the information I provided on this application. ☑ Please initial that you understand the above							
1. Have you ever been arrested, ci	ted or convicted of charges related	to activities performed while	e bartending?	□ Yes	□ No		
2. Have you had any arrests, charges, or citations related to controlled substance or involving alcoholic beverages?							
3. Have you ever been convicted of a felony? □ Yes □ No							
List <u>all</u> arrests, convictions, dismissals & pending cases from age 18 to now below <u>including details of any questions you answered</u> <u>"Yes" to above</u> . If this is a renewal application, please list all items since your last application.							
List Violations with Approximate Date (Do not include speeding & parking violations)							
*Continue on back of form if necessary.							
	Employmen	t – Section 4					
Place of Employment as licensed op	perator:	Stre	et Name:				
	Applicant Consent &	Signature – Sectio	n 5				
I, the undersigned, do hereby make an application to the City of Waukesha for an Operator's License to serve or sell fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of Waukesha Ordinances. I authorize the City of Waukesha to conduct a background check to verify the information provided and authorize the release of all information regarding my record.							
∑ Signature			Date				
□ Prov. Approved □ Prov. Denied	Prov. License Mailed:	Council Date:	Final License Mailed	d:			
□ Temp. Approved □ Temp. Denied	Temp. License Mailed:	Council Date:———	_	R	evised 5/2019		