

## LICENSE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

Mail: Town of Caledonia, Attn: Clerk, PO Box 190, Readfield WI 54969



<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal License
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Fees are Non-Refundable <input type="checkbox"/> Operator License - \$15.00
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### SECTION 1 - Applicant Information

Your Name (First, MI, Last)	Maiden or Previous
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Street Address (Street, City, State, Zip)

Driver's License #	State
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Date of Birth	Email	Phone #
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Name of establishment where you will be selling alcohol:

### SECTION 2 for NEW APPLICANTS: You are required to list each and every violation and/or offense for which you have been convicted in/out of state. Failure to provide complete answers may result in denial of your application.

Have you EVER had an Operator's (Bartender's) License?  YES  NO

If Yes, in what municipality and what year?

Have you ever been convicted of a felony?  YES  NO

If Yes, when, where, and what type of violation? (Please be specific)

Have you ever been convicted of a misdemeanor or ordinance violation?  YES  NO

If Yes, when, where, and what type of violation? (Eg: Speeding, OWI)

### SECTION 3 for RENEWALS: List any pending charges, citations, tickets and all convictions since last license application in or out of state. Failure to provide complete answers may result in the denial of your application.

Have you been convicted of a felony since last license application?  YES  NO

If Yes, when, where, and what type of violation? (Please be specific)

Have you been convicted of a misdemeanor or ordinance violation since last license application?  YES  NO

If Yes, when, where, and what type of violation? (Eg: Speeding, OWI)

### SECTION 4 – Responsible Beverage Server Course

Proof of an approved Responsible Beverage Server Course is required to be included with this application.

### SECTION 5 – Penalty Notice

I certify under penalty of law that this application is true and correct to the best of my knowledge and belief.

**Signature:**

### FOR OFFICE USE ONLY

Class Completion Date	Date Paid	Issue Date	Expiration Date	Date Approved
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