

Town of Wittenberg, Shawano County
BEVERAGE OPERATOR APPLICATION

* A COPY OF THE APPLICANT'S STATE ISSUED DRIVER LICENSE OR STATE ID MUST BE STAPLED TO THE APPLICATION *

APPLICATION FEES WILL NOT BE REFUNDED. A BACKGROUND CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY & ANSWER ALL QUESTIONS. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL.

NAME *(Must be legal name)* _____
First Full Middle Last

PREVIOUS/MAIDEN NAME _____ OTHER NAMES/ALIASES _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

ADDRESS _____
Street City State Zip

PHONE NUMBER (____) _____ PLACE OF EMPLOYMENT _____
Where you will be using the license. Must be in the Town of Wittenberg

IDENTIFICATION _____
Driver License or State ID Number State

How long have you been a resident of the State of Wisconsin? _____

Have you ever had a Beverage Operator's License before? **YES** or **NO** If yes, where? _____

(attach proof of any current license issued outside of the Town of Wittenberg)

**** YOU MUST ATTACH A COPY OF YOUR DRIVERS LICENSE OR STATE ID TO THIS APPLICATION ****

QUESTIONS FOR "TEMPORARY LICENSE" APPLICANTS ONLY

A temporary beverage operator's license may be issued only to operator's employed or donating their services to a nonprofit corporation. No person may hold more than two temporary operator's licenses per calendar year. This type of license is valid for a period of one to fourteen days.

Have you previously had a temporary Beverage Operator's License in the current calendar year for which you are applying? **YES** or **NO**

What is the Event for which you will require a temporary Beverage Operator's License? _____

What is the date(s) of said Event? _____

Over →

VIOLATIONS – please read the following questions carefully!

Please be sure to include any pending violations and/or charges, even if they have been dismissed. Failure to provide complete and accurate information may result in the denial of this application. If this is a renewal, only list violations since the last date of your last application. ****“Drug/Alcohol related Offense” is to be read in the broadest possible sense. If you have any doubt as to whether an offense is considered alcohol/drug related, you shall disclose the information.***

1. Have you EVER had a Beverage Operator’s License revoked and/or suspended? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

2. Have you EVER been convicted of a FELONY? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

3. Have you been convicted of a MISDEMEANOR or ORDINANCE VIOLATION in the past 10 years? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

4. Are there any pending FELONY, MISDEMEANOR or ORDINANCE VIOLATION charges against you? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

5. Have you ever, whether juvenile or an adult, been convicted of a drug/alcohol related offense*? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

6. Are there any pending drug/alcohol related offenses* against you? **YES** or **NO**

If yes, identify location(s), allegation(s), approximate date(s), and disposition(s): _____

CERTIFICATE AND ACKNOWLEDGEMENT

A. I certify that I am at least 18 years of age and have completed a State of Wisconsin approved Responsible Beverage Server Training Course and will provide the Clerk a copy of my unexpired Course Certificate.

B. I certify that I am familiar with the laws and regulations pertaining to the sale of malt and liquor beverages and I hereby agree, if granted said license, to obey all provisions of said laws.

C. Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge and belief and understand that incomplete or incorrect information provided in response to any questions on said application may result in the denial of this application.

Applicant’s signature _____

Date _____

(MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC)

NOTARY PUBLIC

State of Wisconsin, County of _____.

This application was signed before me on _____.

Notary signature _____

Notary Seal

My Commission expires on _____

OFFICE USE ONLY

____ New License (\$25) ____ Renewal (\$25) ____ Provisional (\$15) ____ Temporary (\$10)

Date Application Received: _____ Date Paid: _____ Amt Paid: \$ _____

Date Approved/Denied: _____ License #: _____ - _____

