

TOWN OF DELTON
OPERATOR'S (BARTENDER) LICENSE APPLICATION

FOR OFFICE USE ONLY

Receipt# _____
Amount Paid: \$ 25.00 _____
License Exp. Date Provisional: _____ (not more than 60 days)
 Operators- June 30, 202 _____ (every year)
 Temporary Period _____ (not more than 14 days)
Town Board Date Granted: _____

License #: _____

Issued: _____

Please Note:

- **You must be 18 years of age or older to apply.**
- Answer all questions truthfully and completely. A background record check will be conducted by the Police Dept.
- A Beverage Server Certificate, proof of registration in the class, or proof of having an Operator License within the last two years must accompany all New License Applications.

Application Date _____

License Applying For:

- ☐ **New \$25**
- ☐ **Renewal \$25**
- ☐ **Provisional \$10**
- ☐ **Temporary \$10 (Bona Fide Clubs Only)**
Date(s) Needed (14 day max.): _____
Limited to one per year. No training course required.

Check the appropriate box that applies to you:

- ☐ I have an Operator's License in effect at this time. (Attach proof if not held w/Town of Delton)
- ☐ I have held an Operator's License within past 2 years (Attach proof)
- ☐ I have completed the Beverage Server Training Course within past 2 years (Attach Completion Certificate)
- ☐ I am enrolled in the Beverage Server Training Course
Class Date and Location: _____
(After completing the course, bring in your certificate to receive license)
- ☐ I am applying for a Temporary Operator's License

To the Town Board of the Town of Delton, Wisconsin:

I herby apply for a license to serve from the date hereof to June 30, 202__ inclusive, fermented malt beverages and intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, federal, state, or local, affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT

Name _____
Last First Middle

Home Address _____
Street City State Zip

Mail License to (if different from Home Address) _____
Street City State Zip

Previous Addresses within the past 10 years

Drivers License # _____ **State Issued** _____

Phone Number _____ **Date of Birth** _____ **Place of Birth** _____

Physical Description Sex _____ Race _____ Height _____ Eye Color: _____ Hair Color: _____

CONTINUED ON BACK

License to be used at (Name of Business) _____

1. Have you been convicted of any felony or misdemeanor? Yes ___ No ___
2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes ___ No ___
3. Are there currently any charges, federal, state, or local pending against you? Yes ___ No ___
4. Do you currently have any outstanding forfeitures owed to the Town of Delton? Yes ___ No ___

If you answered **yes** to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

| <u>Date</u> | <u>Nature of Offense</u> | <u>County</u> | <u>State</u> |
|-------------|--------------------------|---------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

STATE OF WISCONSIN

COUNTY OF SAUK

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application: that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day
of _____, 20_____.

Notary Public

My Commission Expires: _____

(SEAL)