

Town of Tilden

Application for License to serve Fermented Malt Beverages and Intoxicating Liquors

(Bartenders or Operator's license)

I hereby, make an application for an operator's license under s. 125.17, Wis. Stats., to sell alcohol beverages in a place operated for the sale of alcohol beverages, and I agree that I will comply with all laws, resolution, ordinances and regulations, state, federal and local, affecting the sale of alcohol beverages, if a license is granted to me and I paid the required fee of \$10.00.

Full Name*, _____
First Middle Last

Birth date: _____ Male ___ Female ___ Telephone* no.: _____
(*Once licensed, this information is shared with other taverns in the Town of Tilden.)

Address: _____

Place of employment (tavern) for this application if applicable: _____

_____ **Renewal** - I am currently licensed in the Town of Tilden or have been licensed in the past two years.

_____ **Regular** - I must provide a copy of:

_____ Certification from the bartender awareness course OR

_____ My license from another municipality in the state of Wisconsin.

Yes ___ No ___ I certify that I am a person over 18 years of age

Yes ___ No ___ and that I have successfully completed a responsible beverage server training course
OR have been licensed in the last two years.

If you have not held an Operator (Bartender) license within the last two years prior to this date or completed a training course within the last two years prior to this date, then according to Section 125.17(6) Wisconsin Statutes, you must attend the Bartender Awareness Training Course offered by the Chippewa Valley Technical College.

_____ **Provisional** - I am going to complete the Bartender Awareness Training Course in the next 30 days.

_____ **Temporary** - I am helping at a Picnic License event

That I *HAVE* ___ *HAVE NOT* ___ been convicted of violating any laws or ordinances or any alcohol related traffic offenses during the past five (5) years.

Place of offence: _____ Date of conviction: ___/___/___

Nature of offense (If more than one offense, continue on the back): _____

STATE OF WISCONSIN/CHIPPEWA COUNTY) ss

By signing this application, I am swearing that all of the foregoing statements on this application are true.

[Signature of applicant]

Dated this ___ day of _____, _____

Provisional ___ Regular ___ Renewal ___

Approved ___ Denied ___

License Number _____