

VILLAGE OF OLIVER

2125 E. STATE STREET  
SUPERIOR, WI 54880  
Telephone: (715) 394-3171  
www.villageofoliver.org

OPERATOR (BARTENDER) LICENSE APPLICATION

☐ Original    ☐ Renewal    ☐ Provisional

License Term is from July 1 to June 30 of the following year. All licenses expire on June 30.

Operator license Fee: **\$15.00**

Provisional license Fee: **\$ 5.00**

**Filling out your application – PLEASE READ CAREFULLY**

- An Operator License is a privilege, not a right. **Failing to list ALL violations, providing inaccurate information or omitting information from this application may be grounds for denial.**
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification.

**Review of your application**

- The Village Clerk is authorized to approve, and is delegated the authority and directed to deny an Operators' License application based on the information provided by the applicant and the results of the background check.
- The criteria for issuance and denial are provided upon the submission of your application. Please read the criteria in its entirety in order to have a full understanding of the outcome of your review.

**PLEASE PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\*Maiden name or other names known by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*If resident of above address is less than (3) years list previous address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ City and State where you were born \_\_\_\_\_

Driver's License Number (State & Number) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of business where you are employed as an Operator \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

1. Do you have a current, valid driver's license? \_\_\_\_\_ If not, describe circumstances, give dates of revocation and terms for reinstatement: \_\_\_\_\_

2. Do you have any unpaid or outstanding fines, tickets, warrants? \_\_\_\_\_ If yes, describe and give dates and issuing jurisdiction: \_\_\_\_\_

3. Have you been arrested or convicted of violating any statute or ordinance regulating the sale of beer or liquor? \_\_\_\_\_  
If yes, describe the circumstances and give conviction date(s) and jurisdiction(s): \_\_\_\_\_

4. Have you been arrested or convicted, either as an adult or juvenile, of violating any other laws of the United States, State, County, City, Village or Town, relating to the use or abuse, of alcohol or controlled substance, or of operating a vehicle while intoxicated, within the past 5 years? \_\_\_\_\_ Are there any charges of any kind pending against you? \_\_\_\_\_

If yes, describe the circumstances and give conviction date(s) and jurisdiction(s): \_\_\_\_\_

5. Except as previously stated on this form, have you been convicted of, paid a fine for, or received a citation for the commission of a crime or for violating any state, federal or local laws, either as an adult or juvenile? \_\_\_\_\_

If yes, describe and give conviction date(s) and jurisdiction(s): \_\_\_\_\_

6. Do you now hold or have you ever been granted any license associated with the sale of alcoholic beverage? \_\_\_\_\_

If yes, list type of license, date(s) held and issuing jurisdiction(s): \_\_\_\_\_

7. Have you completed the training course for Responsible Beverage Service? \_\_\_\_\_ If yes, where and when: \_\_\_\_\_

If not, are you currently registered to attend or complete a training course for Responsible Beverage Service? \_\_\_\_\_

8. I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the Village of Oliver permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Business: \_\_\_\_\_

Signature of Bar Owner: \_\_\_\_\_

- **Attach Responsible Beverage Server Training Course Certificate of Completion.** (If Original License)
- **Attach copy of current Driver's License.** (If Original License).

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Issuing Clerk's Signature: \_\_\_\_\_

Date Approved \_\_\_\_\_

Provisional? Yes ☐ / No ☐

Provisional License # \_\_\_\_\_

Fee Paid: \$\_\_\_\_\_ Check No.: \_\_\_\_\_

License year: July 1, 20\_\_\_\_\_ to June 30, 20\_\_\_\_\_