

Town of Bristol

Application for an Operator's (Bartender) License

I, the undersigned, hereby make application to the local governing body of the Town of Bristol in Dane County, for an Operator's License as provided by WI Statute 125.17, for the license year _____ through _____.

I certify that I am _____ years of age, and am familiar with the laws, ordinances, and regulations governing the sale and service of alcoholic beverages, and agree, if granted this license, to obey all provisions of local and state laws governing such sale and service.

Name _____ Date of Birth _____
Last First Middle

Drivers License # _____ Social Security # _____

Current Address _____ Phone # _____
Street Address, City, State, Zip

E-mail: _____

City and State where you were born: _____

Name of Employer's Business _____ **Phone #** _____

List all prior addresses for the last 5 years:

Street Address	City	State	From	To

HAVE you ever held an alcohol or operator's license from the Town of Bristol? _____ Yes _____ No

HAVE you ever held an alcohol or operator's license from another municipality/township? _____ Yes _____ No
 If Yes, specify where and when: _____

HAVE you EVER been convicted of ANY offenses in ANY State? _____ Yes _____ No
 If Yes: For what? _____
 When _____ Which Court? _____

For what? _____
 When _____ Which Court? _____

HAVE you completed the state-required "Beverage Server" Course? _____ Yes _____ No. If yes, please provide a copy of the certificate of completion with this application.

If no, are you enrolled in a "Beverage Server" Course? _____ Yes _____ No. Provisional Licenses may be granted for 60 days if you pass the background check and you are enrolled in a beverage server course.

I hereby affirm that the above questions have been truthfully answered. I also authorize the Town of Bristol to review and check the information on this application and to refer this application for a full background investigation. I further understand that any incomplete, inaccurate or false answers will constitute sufficient reason for rejection, denial or revocation of the license.

 Applicant's Signature

 Date

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

FEES:

Operator's - \$25.00 Cash ___ Ck ___
 Provisional - \$10.00 Cash ___ Ck ___
 Background Check - \$25.00 Cash ___ Ck ___

 Signature: Clerk / Notary

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 For Office Use:

Approved ___ Rejected ___ at Town Board meeting on _____ (Date)