

TOWN OF LINCOLN, VILAS COUNTY

1205 Sundstein Road, P.O. Box 9, Eagle River, WI 54521

Phone: 715-479-7000 Email: townoflincoln@hotmail.com

BARTENDER/OPERATOR LICENSE APPLICATION

FEE - \$30.00

***PLEASE NOTE- A copy of a completion certificate from a Responsible Beverage Server Course or a copy of a current Operator License that you hold in another community must accompany this application unless it is a renewal!**

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| Date: | License Period: July 1, 20____ - June 30, 20____ |
| Name of Applicant (First, Middle, Last): | |
| Male / Female | Maiden Name: |
| Address of Applicant : | |
| | City: Zip: |
| List places of residence over the past year, if different: _____ | |
| Telephone (include area code): Cell Phone: | |
| Date of Birth: | Email: |
| Driver's License or State ID Number: | |
| List Name of Business where you will be working: | |
| Do you <u>CURRENTLY</u> hold an operator's license in a <u>DIFFERENT</u> community? Yes / No | |
| If YES, list City / Village / Town: _____ County: _____ | |
| Have you <u>PREVIOUSLY</u> held a bartender/operator license anywhere? Yes / No | |
| If YES, list City / Village / Town: _____ When: _____ | |
| Have you been convicted of violating any Federal, State or local law or ordinance relating to the sale of beverages as defined by State law? Yes / No | |
| If yes, please explain. _____ | |
| I am hereby applying for a bartender/operator license from the date above, for the specified license period, unless sooner revoked, and hereby agree to comply with all laws, resolutions, ordinances and regulations, State, Federal or local laws affecting the sale of beverages as defined by Wisconsin State Statutes. | |
| I hereby certify or declare under the penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct. | |
| Signature of Applicant | Date |

TOWN USE ONLY - PROVISIONAL LICENSE # _____ OPERATOR LICENSE # _____