Alcohol Beverage Operator (Bartender) License Application

FEE: $25.00 [License Fees are Non-Refundable]

License expires June 30th each year

Date Paid: _____ *Receipt #:* _____

IMPORTANT INFORMATION

- An Operator License is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants. You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at https://wcca.wicourts.gov/ (*CCAP may not provide a comprehensive list of ALL arrests and convictions).*
- Your application will not be processed until you address any unpaid debts to the City of Darlington and/or outstanding warrants.

SECTION 1 - LICENSE INFORMATION

☐ **NEW**

☐ **RENEWAL**

☐ **PROVISIONAL**

All new applications require a copy of your certificate of completion by an approved WI Responsible Beverage Server Training Course within the last two years ***– this must accompany your application***

A Provisional Operator License is only good for 60 days from the date of issuance. If the Provisional Operator License expires before completing a training course, it must be forfeited back to the municipality.

SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)			**Have you ever used any other name(s) or alias(es)?** ☐ Yes ☐ No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)			**Phone Number**	
Social Security Number	**Date of Birth**	**Place of Birth** (County/State)	**Race**	**Sex** ☐ Female ☐ Male
Driver's License Number/State ID number	**State of Issuance**	**Email Address**		
Current Address (also provide mailing address if different from current address)		**City**	**State**	**Zip Code**
Previous Address		**City**	**State**	**Zip Code**

Name and Address of where you will be working / where this license will be used?: (if not currently employed, mark "N/A")

SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

PENDING CHARGE(S) INFORMATION

Are there any charges (criminal or ordinance violations) currently pending against you? ☐ Yes ☐ No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	Date of Violation	Location (City/County/State)	Description of Violation	Next Court Date	Status
1					

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? If so, which incident? ☐ Yes ☐ No

For any incident you list, did the incident occur in or around an establishment that serves alcohol? If so, which incident? ☐ Yes ☐ No

Since your 17th birthday, have you ever been arrested or convicted of a felony? ☐ Yes ☐ No

As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? ☐ Yes ☐ No

If you answered yes, please complete all of the information below: **(attach additional sheets of paper if needed)**

	Date of Conviction	Location (City/County/State)	Description of Felony Offense
1			

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? ☐ Yes ☐ No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☐ No
If so, which incident?

OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations) ☐ Yes ☐ No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	Date of Conviction	Location (City/County/State)	Description of Criminal Offense (Non-Felony) or Ordinance Violation	Penalty Imposed
1				
2				
3				
4				
5				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? ☐ Yes ☐ No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? ☐ Yes ☐ No
If so, which incident?

SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE

Review of your application

- The City of Darlington Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- A submitted application that is incomplete or which contains false or misleading information must be denied and the applicant must wait six months before submitting another application.

SECTION 5. CERTIFICATION *** PLEASE READ CAREFULLY BEFORE SIGNING ***

Certification: I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the city limits of Darlington.

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Sections 125.32(2) and 125.68 of Wis. 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 be granted to me.

X

Signature of Applicant *Date*

OFFICE USE ONLY

Background Records Checks:

☐ CCAP ☐ C.H.

☐ ETIME ☐ LOCAL RECORDS

COMMENTS:

RECOMMENDATIONS / FINAL ACTION

Police Dept Action Date: ☐ Approved ☐ Denied Chief of Police/Designee Signature:

If license is denied, state reason(s) for denial or attach a separate document:

License # _____ Issued Date: _____ Clerk-Treasurer's/Designee Signature: _____