

# Town of Arena

## APPLICATION TO SERVE FERMENTED BEVERAGES AND INTOXICATING BEVERAGES

NOTICE – Failure to provide complete information, providing false information or any form of misinformation submitted on this application is grounds for rejection or revocation of this license.

Applicants by their signature acknowledge that they are a citizen of the United States and are familiar with and will abide by the laws and ordinances governing this license and that they have met all the requirements of the license applied for.

All applicants are subject to periodic background checks and information discovered may be made public in public meetings or hearings.

Successful applicants must have their license posted in plain view and are subject to inspection while employed under the conditions of this license. Operators engaged in illegal activity may affect the suitability of the bartender/operator to hold the license. Being intoxicated while operating under this license or allowing an unqualified or impaired person to work under the license may make the bartender/operator and business owner subject to license suspension or revocation.

Bartender/Operator's Licenses expires on June 30 of any given year unless otherwise stated for provisional licenses.

**\$25/TWO YEAR NON-REFUNDABLE**

The Town Board is not obligated to act on any application that is not fully completed.

PRIMARY EMPLOYER OR ORGANIZATION WHERE LICENSE WILL BE POSTED: \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ TYPE OF LICENSE: NEW \_\_\_\_\_ Training Cert attached. RENEWAL \_\_\_\_\_

IF THIS IS A RENEWAL LICENSE, WHEN AND WHERE IN THE TOWN WAS YOUR LAST LICENSE ISSUED?

ESTABLISHMENT \_\_\_\_\_ DATE \_\_\_\_\_

HAVE YOU EVER HAD AN OPERATOR'S LICENSE VOLUNTARILY SURRENDERED OR REVOKED? Y N

IF YES, WHERE AND WHEN? \_\_\_\_\_

PERSONAL INFORMATION:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ALIAS/MAIDEN NAME(S) \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ STATE \_\_\_\_\_ SEX: M F

CRIMINAL RECORD: LIST ANY AND ALL MISDEMEANOR AND FELONY ARRESTS, CONVICTIONS, TRAFFIC VIOLATIONS AND THE DATES AND JURISDICTIONS OF OCCURRENCE. FAILURE TO DISCLOSE ANY OF THE ABOVE CAN OR WILL RESULT IN DENIAL OF LICENSE. IF NONE, PLEASE INDICATE "NONE". (<http://wcca.wicourts.gov/index.xsl> may assist you in verification.) Additional pages if necessary.

### PAST RESIDENCES: LIST PREVIOUS RESIDENCES AND DATES OF RESIDENCE

ADDRESS: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATES: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

NOTARY PUBLIC, \_\_\_\_\_ COUNTY, WI  
SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_