



**Town of Eagle Point Bartender/Operator License Application Chippewa County**

**License period: \_\_\_\_\_, 20\_\_ to June 30, 2020**

**FEE: \$20.00-Regular FEE: \$20.00-Provisional if needed**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Are you 18 years or older: Yes/No

Name of Business where you will be working: \_\_\_\_\_

\*Do you currently hold or have had an operator's license for the Town of Eagle Point? Yes/No

\*If Yes what year: \_\_\_\_\_

\*Do you currently hold an operator's license in another community? Yes/No

If Yes where: \_\_\_\_\_ what year: \_\_\_\_\_ Copy given to clerk: Yes/No

\*Have you had any arrests or convictions? Yes/No

If Yes list what and date: \_\_\_\_\_

If you have not held an Operator (Bartender) license or completed a training course within the last two years prior to the date on this application, then according to Section 125.17(6) Wisconsin State Statutes, you must complete a Bartender Awareness Training Course.

\*Have you completed the Alcohol Awareness Course? Yes/No Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Copy given to clerk: Yes/No

The applicant certifies under the penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct. The applicant understands that the information on their current and past records will become part of this application. The applicant agrees to comply with all laws subject to the limitations imposed by Section 125.17(1) of the Wisconsin State Statutes and hereby agree to comply with all resolutions, ordinances, regulations, Federal, State, and Local, affecting the sale and serving of such beverages and liquors if a license is granted. The applicant understands and agrees that a background criminal record check will be done.

\*Signed: \_\_\_\_\_

Applicant

\*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

-----Office Use Only-----

Background check OK \_\_\_ date \_\_\_/\_\_\_/20\_\_

Clerk Initials: \_\_\_\_\_

Date of Provisional License Issued: \_\_\_\_/\_\_\_\_/20\_\_ to \_\_\_\_/\_\_\_\_/20\_\_ \$20.00PD: \_\_\_\_/\_\_\_\_/20\_\_ ck# \_\_\_\_\_ cash

Date of Regular License Issued: \_\_\_\_/\_\_\_\_/20\_\_ \$20.00PD: \_\_\_\_/\_\_\_\_/20\_\_ ck# \_\_\_\_\_ cash

Approved by Town Board on: \_\_\_\_/\_\_\_\_/20\_\_