Town of Eagle Point Bartender/Operator License Application Chippewa County

License period: ______, 2024 to JUNE 30, 2025 FEE: \$20.00

| First Name: | Last Name: | | M.I.: _ | |
|---|--|--|---|--|
| Address: | City: | State: _ | Zip: | |
| Date of Birth:// | Social Security last 4 digits: | 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 ha *If Yes what year: | - | wn of Eagle Point? | Yes/No | |
| *Do you currently hold an operato If Yes where: | | | clerk: Yes/No |) |
| *Have you had any arrests or con | victions? Yes/No | | | |
| If Yes list what and date: | | | | |
| If you have not held an Operator (prior to the date on this application complete a Bartender Awareness | n, then according to Section 125. | 5 | | • |
| *Have you completed the Alcohol *Copy given to clerk: Yes/No | Awareness Course? Yes/No D | ate completed: | // | |
| The applicant certifies under the pen- and correct. The applicant understar application. The applicant agrees to o Wisconsin State Statutes and hereby Local, affecting the sale and serving and agrees that a background crimin | nds that the information on their curr comply with all laws subject to the lin agree to comply with all resolutions of such beverages and liquors if a line | ent and past records mitations imposed by s, ordinances, regulat | will become p Section 125.1 tions, Federal, | art of this 7(1) of the State, and |
| *Signed: | *Date: | // | | |
| Applicant | | | | |
| | Office Use Only | | | |
| Background check OK date Clerk Initials: | /20 | | | |
| Date of Provisional License Issued: | //20 to//20 | \$20.00PD:/ | _/20ck# | cash |
| Date of Regular License Issued: | //20 | \$20.00PD:/ | /20ck# | cash |
| Approved by Town Board on: | _//20 | | | |