

Village of Fall Creek Bartender Operator License Application

Issued License # _____

Choose One **New** **Renewal** **Provisional** **Temporary**

Name _____
Last First Middle Name, not Initial

Address _____
Street City Zip

Phone Number _____ Soc. Sec. Number (last 4 digits only) _____

Sex - Choose one **Male** **Female** **Date of Birth** _____

Driver's License Number _____

Name of Business where you will be bartending _____

***APPLICANT MUST MEET ONE OF THE FOLLOWING REQUIREMENTS:**

- Renewing license from last year**
- Completed a Responsible Beverage Server Training Course:**
- Yes** Copy of certificate attached (must have been completed within last two years)
- No** Copy of verified enrollment attached (License will be issued upon proof of completion)
- Holds a valid Bartender Operator License from another Wisconsin municipality:**
- Copy of License attached (must have been issued within last two years)

*Provisional License is issued to person who is enrolled in Responsible Server Training Course; valid for 60 days or until a regular license is issued; revoked if applicant fails to complete training course or if applicant has made false statements on application.

*Temporary License is issued to person employed by or donating their services to a nonprofit corporation; limited to one license per year valid for any period from 1 to 14 days, with the period listed on license issued; does not require completion of Responsible Server Training Course within last two years

Have you been convicted of any felony or misdemeanor for violation of any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality? (Include traffic violations only if alcohol related)

No Yes If Yes, please explain _____

Are there any criminal charges presently pending against you for violation of any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality? (Include traffic violations only if alcohol related)

No Yes If Yes, please explain _____

I hereby apply for the license as indicated above from the _____ day of _____, 20____ through the _____ day of _____, 20 _____. I hereby certify that the answers on the above application are complete and true and correct to the best of my knowledge and belief. I understand that leaving any of the above questions unanswered and/or providing false or misleading information will result in the denial of a license from the Village of Fall Creek. I agree to comply with the laws of the State of Wisconsin with all the provisions of the municipal code of ordinances of the Village of Fall Creek.

Applicant's Signature _____ **Date** _____

Non-Prorated Fee: \$15.00 Date Paid _____ Received by _____ CIB Record Check _____ Police Department Approval _____