

# OPERATOR/BARTENDER LICENSE APPLICATION

What type of license are you applying for:

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal

\_\_\_\_\_ Provisional

Employer's Name and Phone Number (where license is to be used):

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Have you in the past (2) years been issued an Operator/Bartender License?

\_\_\_\_\_ YES: What municipality issues it? City Village Town of: \_\_\_\_\_

\_\_\_\_\_ NO: If no, you must provide a CERTIFICATE OF COMPLETION from the responsible beverage service course. A list of courses can be found at [www.revenue.wi.gov](http://www.revenue.wi.gov).

I hereby apply for a License to Serve Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the WI Statutes and all acts amendatory thereof and supplementary thereto and hereby agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State and or local, affecting the sale of such beverages and liquors if a license be granted to me.

Full Name (First, Middle, Last): \_\_\_\_\_

Aliases (Including maiden name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Drivers License number and State: \_\_\_\_\_

\*\*\*MUST PROVIDE VALID PHOTO ID\*\*\*

A Criminal History background check will be completed as part of this application process. This may take up to 10 days to complete. If you questions about this portion of the application, ask the Ellsworth Police Department prior to completing.

- 1. Are you a convicted felon? YES/ NO
- 2. Within the past 5 years, have you been convicted of any non-traffic federal, state or municipal violations? YES/NO
- 3. Are you now, or have you ever been on probation or parole? YES/NO
- 4. Do you have any criminal, traffic, civil, or ordinance charges currently pending against you? YES/NO

If answered yes to any of the above questions, please describe:

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The information contained in this license is complete, true, and correct. I understand that any intentional misrepresentation, falsification, withholding of information or incomplete answers to questions on this application will be grounds for refusal of the license. I also understand that should these factors become known after the license has been issued; it is grounds for revocation of the license and possible prosecution for making a false statement. I authorize the Village of Ellsworth and its representatives to obtain information from any and all local and state authorities for the purpose of verifying the information supplied by me and determining my suitability to be granted the license for which I have applied.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

