

# INFORMATION FOR OPERATOR LICENSE APPLICANTS

The application for an Operator's License (Bartender's License) asks questions regarding past convictions or arrests under State and Federal laws, either as an adult or juvenile. The questions **MUST** be answered truthfully. Please read the questions carefully.

The Town of Addison performs a criminal background check on all applicants. Should the Town discover your information is **NOT** correct, your license **WILL** be denied. The Town Board has set parameters for denial of Operator Licenses. If you have been convicted of any of the offenses listed below during the last 5 years, your application may be denied. If you have been convicted of the any of the offenses listed below within the last 18 months, your application will be denied.

If you have any questions about this, please ask before completing the application.

## PARAMETERS FOR DENIAL OF OPERATOR LICENSES

1. Arrest or Conviction or underage selling.
2. Convicted of any substance abuse.
3. Convicted of driving under the influence of any alcohol or controlled substance.
4. Convicted of allowing a person to use an Operator License that is not theirs.
5. Convicted or selling to an intoxicated person.
6. Convicted of selling after hours.
7. Convicted of selling without a license.
8. Convicted of giving away intoxicating liquor to evade provisions of the law.
9. Conviction of any part of Chapter 125 State Statues relating to alcoholic beverages.
10. Other arrests or conviction of charges related to the activities performed while bartending.

If you are not truthful on your application, or if you are a habitual law offender, or if you have a felony conviction where the circumstances of the charges substantially related to the licensing activity, your license will be denied.

Any person denied a license may appeal the decision. The request must be made through the Town Clerk's Office at least one week before the next Town Board meeting.

# APPLICATION FOR AN "OPERATOR'S" LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

**APPLICATION MUST BE 18 YEARS OF AGE OR OLDER TO APPLY**

**ONE-YEAR LICENSE FEE: \$20.00**

**PROVISIONAL LICENSE FEE: \$15.00**

FOR OFFICE USE:

Employer: \_\_\_\_\_ Approved: \_\_\_\_\_ License No.: \_\_\_\_\_

Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

I, the undersigned, do hereby respectfully make application for the local governing body of the **Town of Addison, Washington County, Wisconsin**, for a license to serve, **from date hereof to June 30, 20\_\_**, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

**Answer the following questions truthfully and completely:**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I am \_\_\_\_\_ years of age. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Within the past 2 years have you held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit, or a Manager's or Operator's license?  Yes  No

If 'Yes', where was the privilege obtained? \_\_\_\_\_

As required by Wisconsin Statutes Section 125.17(6), have you completed the Responsible Beverage Service Course, (or equivalent alcohol awareness course)?  Yes  No

If not, are you currently registered to attend a training session, or do you currently have plans for completing the on-line training on your schedule?  Yes  No

**COPY OF COURSE COMPLETION CERTIFICATE MUST BE SUBMITTED BEFORE THE LICENSE WILL BE ISSUED**

Have you been arrested or convicted of violating any statute or ordinance regulating the sale of beer or liquor?  Yes  No

If 'Yes', date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Describe the circumstances of arrest or conviction \_\_\_\_\_

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Have you been arrested or convicted of violating any other laws of the United States, State, County, City, Village or Town, relating to the use, abuse or sale, either as an adult or juvenile, or alcohol or controlled substance within the past 5 years, other than addressed in the previous questions? Are there any charges of any kind pending against you, either as an adult or juvenile?  Yes  No

If 'Yes', date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Describe the circumstances of arrest or conviction \_\_\_\_\_

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Have you been arrested or convicted of any offence relating to the use or abuse of alcohol or controlled substance while operating a vehicle as either an adult or juvenile within the past 5 years?  Yes  No

If 'Yes', date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Describe the circumstances of arrest or conviction \_\_\_\_\_

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**READ CAREFULLY BEFORE SIGNING:**

I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief.

I understand that incomplete or incorrect information may lead to denial of this license.

I authorize the release of any criminal information relating to myself to the Town of Addison, Washington County, Wisconsin.

I understand that this authorization will remain in effect as long as I hold a Liquor and/or Operator license in the Town of Addison.

\_\_\_\_\_  
Applicant sign here

\_\_\_\_\_  
Date

**Request for Operator License**

ORGANIZATION/EVENT: \_\_\_\_\_

\_\_\_\_\_

NAME:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Gender M/F \_\_\_\_\_

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

\_\_\_\_\_

AUTHORIZATION FOR RELEASE OF CRIMINAL INFORMATION

**The undersigned does hereby authorize the release of any criminal information relating to the undersigned to the Town of Addison, Washington County, Wisconsin. This authorization will remain in effect as long as the above-named organization holds a Temporary Liquor License in the Town of Addison**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant signature