Call to pickup_____ phone number: _____

Application for License to serve fermented
malt beverages & Intoxicating Liquors

○ 60 day provisional _____ to _____
Fee- $17.00

○ Annual _____ to June 30th_____
Fee - $30.00

I hereby apply for a license to serve fermented malt beverages and Intoxicating liquors, subject to the limitation 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.
**To the best of my applicant's knowledge and belief, the information on this application is true, correct and complete.**

| | |
|---|---|
| Applicant Name (last, first, MI) | Phone number: |
| Address: | City/State/Zip |
| mailing address (if different from above) | Date of birth<br>—-- —--/—- —-/—-- —- |
| Drivers license #<br>___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___/___ ___ State of Issue:_____ | driver license expiration date:<br>____ ____/____ ____/____ ___ |
| Establishment where you will be employed: | Notes: |

**Answer the following questions**:

Are you renewing a bartender/operator license issued by the City of Chetek? Yes ☐ If yes, expiration date_____ No ☐

Have you held a bartender/operator license issued by another municipality or completed the "Responsible BeverageTraining Course" within the previous two years? Yes ☐ If yes, date of issue_____ municipality issued by:_____ No ☐
***Attach a copy of license or training certificate***.

**If you answered "no"** to both questions above, you will need to complete the "Responsible Beverage Training Course" before a license can be issued.

This application is subject to a criminal background check by the police department, amongst other things. Your arrest or conviction record may justify the denial of your application if the circumstances of the charges substantially relate to the alcohol beverage licensing activity, if you have been a habitual law offender, or if you have been convicted of a felony.

Applicant signature_____ Date_____

_____Signed in front of employer _____ employer signature _____
(*Employer signature*) *printed name of employer*

Or

_____Signed in front of notary State of Wisconsin }
Barron County } Signed or attested before me on _____ by _____
_____, notary - commission expires _____

*(Your completed license will be mailed to the above address unless you request us to call you to pick it up.)*

Official use only

Receipt #_____ date_____ Attached: ____ training certificate or ____copy of a license

Application reviewed by police official:_____ Date:_____

Approved_____ Denied_____ Denial is based on the following offenses: _____

Appeal to council date:_____ approved_____ denied_____ License #_____