



Application for License to serve fermented malt beverages & intoxicating liquors

Call to pick up _____

60 day provisional _____ to _____
Fee- \$17.00

Annual _____ to June 30, _____
Fee - \$30.00

Applicant Name (last, first, MI)	Phone number:
Address:	Date of Birth ____/____/____
City/State/Zip	
Permanent Address (if different from above)	Establishment (s) where applicant will be employed
Drivers license # * ____/____/____ State of Issue: ____	License expiration date: ____/____/____

***Please attached a COPY of your driver's license**

Answer the following questions:

Are you renewing a bartender/operator license held with the City of Chetek?
date license expires/expired _____ (circle)
Yes No

Do you possess a current provisional or regular operator/bartender license issued by another municipality, or have you completed the Responsible Beverage Server Training Course within the last two years?
Date of issue: _____ Issued by: _____ Yes No

If yes, attach a copy of your license.

- 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.
- 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 the applicant's knowledge and belief, the information on this application is true, correct and complete.**

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 _____

Official use only	
Receipt # _____ Date _____	Attached: Training certificate _____, OR copy of license _____
Application reviewed by police official: _____	Date: _____
Approved _____ Denied _____	Denial is based on the following offenses: _____
Appeal to council date: _____	Approved _____ Denied _____ License # _____