

BARTENDER RENEWAL

Currently Licensed Only
\$40.00 Annual Fee



TOWN USE ONLY

Payment Date: _____
 Cash _____ Amount: _____
 Check _____
 Card _____ Processing Clerk: _____
 License # Issued: _____

Renewal Application for Operator's License

Instructions and Statement of Responsibility: Please print neatly. Providing inaccurate information or omitting information from this application will result in denial of this application and you must pay the full license fee if you choose to re-apply.

Do you currently have an Operator License in the Town of Brookfield? Yes No

If yes, write your current license number here: _____

If no, you may NOT use this form. You must complete a New Application for Operator's License.

Full Name of Applicant: _____
(First) (Middle) (Last)

Maiden / Previous Name or Alias: _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Telephone: _____ Email: _____

Driver License No. _____ State: _____ Expiration: _____

Date of Birth: _____ Age: _____ Circle One: Male / Female

Place of Employment as a Bartender/Server/Seller: _____

Ticket History: List **ALL** tickets and charges **within the past year** including traffic violations, underage alcohol or drug offenses. Your answers and/or omissions will be checked and verified by the Town of Brookfield Police Department. Failure to list all violations will result in denial of your application.

Violation:	Where:	Date

(Continue on back of form if necessary)

**** I understand that failure to list all violations will result in the denial of this application and that the full \$40.00 fee will be charged upon re-application.** _____ (Please initial)

To the Town Board of the Town of Brookfield, Wisconsin:

I, the undersigned, do hereby make application to the Town Board of the Town of Brookfield for an Operator's License to serve or sell fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and Town of Brookfield Ordinances from the date hereof until June 30, annually.

I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the Town of Brookfield permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature of Applicant: _____ Date: _____

Background Check Conducted On: _____ By: _____ Recommendation: APPROVE / DENY

NOTES: _____

