

# NEW BARTENDER

\$40 Annual Fee  
+ \$20 Background Check Fee  
+ \$10 Provisional Fee (60 days)  
= \$70 Total

Applications not accepted without payment.  
No refunds issued.



## TOWN USE ONLY

Applicant Name: \_\_\_\_\_  
Payment Date: \_\_\_\_\_  
Cash \_\_\_\_\_ Amount: \_\_\_\_\_  
Check \_\_\_\_\_  
Card \_\_\_\_\_ Processing Clerk: \_\_\_\_\_  
ID Card Copied: \_\_\_\_\_ Yes  
Certificate / License Received: \_\_\_\_\_ Yes  
Provisional Expires: \_\_\_\_\_  
License # Issued: \_\_\_\_\_

## Application for a New Beverage Operator's License

- ☐ Provisional License (Good today for up to 60 days) plus annual license. Select this if you will start working immediately.
- ☐ No Provisional, only a regular license. Select this if you will start working once you receive your license in 14-60 days.

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

### APPLICANT INFORMATION – SECTION 1

Place of Employment as a Bartender/Server/Seller: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden / Previous Name or Alias: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Male / Female

### QUALIFICATIONS:

1. Have you held a Beverage Operator License in Wisconsin within the last two years? ☐ Yes ☐ No

*If yes, please provide a copy of your bartender's license.*

2. Have you completed a Wisconsin Responsible Beverage Server Course within the last two years? ☐ Yes ☐ No

*If yes, please provide a copy of your course completion certificate.*

3. How long have you continuously resided in Wisconsin prior to today's date? \_\_\_\_\_

If less than 5 years, list prior City, State and Zip Code for each residency within the last five (5) years:

\_\_\_\_\_  
\_\_\_\_\_



## ALCOHOL-RELATED VIOLATIONS – SECTION 2

Notice to all applicants for an operator's / bartender's license:

- If you have had a conviction for any alcohol-related offense within the past twelve (12) months, the Town of Brookfield may require you to appear at a Town Board meeting to answer questions.
- If you have a FELONY conviction, you may be prohibited by state law from being issued a Beverage Operator/Bartender License unless and until you have been duly pardoned for that offense.
- If you have questions about your arrest / conviction record in relation to being licensed, please discuss with the Town Clerk or the Police Chief.

List **ALL** tickets and violations (Federal, State or Local) **INCLUDING** traffic violations, underage alcohol or drug offenses. Include pending violations & any charges that may have been dismissed. Your answers and/or omissions will be checked and verified by the Town of Brookfield Police Department. Not all information is listed on the Wisconsin Court System, also known as CCAP. Failure to list all violations will result in denial of your application.

**4. CONVICTIONS: Have you ever been convicted of any alcohol beverage related offenses, including any of the following, as a juvenile or as an adult?**

☐ Yes ☐ No

- |  |  |
|--|--|
| a) Illegal purchase, sale, or providing of intoxicating liquor and/or beer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Violation of closing hours at a licensed premise?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Any other violation of laws pertaining to alcoholic beverages?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Disorderly conduct or criminal damage to property that occurred at a licensed establishment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Obstruction of a police officer while on a licensed premise for the sale of alcoholic beverages?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (Wis. Stat. §346.63)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Operating a motor vehicle while under age 21 with a blood alcohol of more than .0% but not more than .1% (Wis. Stat. §346.935(2)(m))?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Wis. Stat. §346.935)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |



**OTHER VIOLATIONS – SECTION 3**

5. Have you ever been ticketed, arrested, convicted, or fined for ANY violation of federal, state or municipal laws – including felony, misdemeanor, civil offenses, and alcohol-related traffic offenses? If yes, provide the violation, where the violation occurred, and date of occurrence. ☐ Yes ☐ No

VIOLATION	WHERE	DATE

(Continue on back of form if necessary)

6. Do you have any criminal or ordinance charges presently pending against you? ☐ Yes ☐ No
7. Do you presently have any overdue or outstanding forfeitures / fines resulting from a violation of an ordinance of any county, city, village, or town? ☐ Yes ☐ No  
If yes, provide the violation, where the violation occurred, and date of occurrence.

VIOLATION	WHERE	DATE

8. Have you been on probation, extended supervision, or parole, or been released from probation, extended supervision, or parole less than one (1) year prior to the date of your application? ☐ Yes ☐ No  
If yes, list offense(s), date(s) and jurisdiction(s):

9. As a JUVENILE, have you been adjudicated delinquent within the past five (5) years (violated State or Federal criminal law)? If yes, list offense(s), date(s) and jurisdiction(s): ☐ Yes ☐ No

10. Have you been convicted by a Military Court-Martial or less than Honorably Discharged? ☐ Yes ☐ No  
If yes, list conviction(s), or discharge date(s) and offense(s):

**\*\* 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)**



**BACKGROUND AUTHORIZATION AND SWORN STATEMENT – SECTION 4**

I am applying for a Beverage Operator/Bartender License to serve alcohol beverages, and agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State and/or Local, affecting the sale of alcohol beverages if a license is granted to me.

I declare that all of the information I have provided on this application is true and correct to the best of my knowledge and belief. I understand that untruthful information will lead to denial of this license application.

I hereby swear under the penalties of perjury that I am not a habitual law offender, have not been convicted of a felony not disclosed here, and have not been previously denied an Operator's/Bartender's License by the Town of Brookfield within the last 12 months.

I authorize the Town of Brookfield to conduct a background check and, within one (1) year of today's date, obtain information and records pertaining to me from any source and to release said information to Town staff and officials involved in the review of this application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or family, because of compliance with this authorization to release information or any attempt to comply with it.

If marked "YES," I also acknowledge that I am also applying for a provisional license which can be issued immediately, but is only valid for up to 60 days. Provisional: ☐ Yes ☐ No

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

**TOWN USE ONLY**

Applied on: \_\_\_\_\_ Provisional Expires on: \_\_\_\_\_

Background Check Conducted on: \_\_\_\_\_ by: \_\_\_\_\_

Results: ☐ Background Clear. ☐ Background has activity, but none disqualifying.

☐ Background has disqualifying activity: \_\_\_\_\_.

Recommendation, decided on \_\_\_\_\_ to: ☐ Approve ☐ Deny

Results (Approve / Issue License) (Deny / Letter of Denial) sent to Applicant on: \_\_\_\_\_ by \_\_\_\_\_

**NOTES:**