

BARTENDER RENEWAL

\$40 Annual Fee
 + \$20 Background Check Fee
 = \$60 Total

Applications not accepted without payment.
 No refunds issued.



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.

APPLICANT INFORMATION - Section 1

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: _____

QUALIFICATIONS:

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.

VIOLATIONS – SECTION 2

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)**

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 questions about your arrest / conviction record in relation to being licensed, please discuss with the Town Clerk or the Police Chief.



BACKGROUND AUTHORIZATION AND SWORN STATEMENT – SECTION 3

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.

Signature of Applicant: _____ Date: _____

TOWN USE ONLY

Applied 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: