



Town of Eagle Point Bartender/Operator License Application Chippewa County

License period: July 1, 2018 to June 30, 2019

FEE: \$10.00 for license, \$5.00 record check fee TOTAL DUE: \$15.00

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security #: _____ Phone: _____

Driver's License #: _____

Name of Business where you will be working: _____

*Do you currently hold an operator's license for the Town of Eagle Point? Yes/No

*If Yes what year: _____

*Do you currently hold an operator's license in another community? Yes/No

If Yes where: _____ Copy given to clerk: Yes/No

*Have you had any arrests or convictions? Yes/No

Background check OK ___ date ___/___/20___

Clerk to fill in background check information

If Yes list what and date: _____

If you have not held an Operator (Bartender) license or completed a training course within the last two years prior to the date on this application, then according to Section 125.17(6) Wisconsin State Statutes, you must attend the Bartender Awareness Training Course.

*Have you completed the Alcohol Awareness Course? Yes/No Date completed: ____/____/____

*Copy given to clerk: Yes/No

The applicant certifies under the penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct. The applicant understands that the information on their current and past records will become part of this application. The applicant agrees to comply with all laws subject to the limitations imposed by Section 125.17(1) of the Wisconsin State Statutes and hereby agree to comply with all resolutions, ordinances, regulations, Federal, State, and Local, affecting the sale and serving of such beverages and liquors if a license is granted. The applicant understands a background criminal record check will be done.

*Signed: _____
Applicant

Subscribed and Sworn to me on this

*Date: ____/____/____

_____ Day of _____, 20____

Application must be signed in front of clerk or Notarized

Signature of Notary or Town Clerk

My Commission expires _____, or is permanent _____

-----Office Use Only-----

Date of Provisional License Issued: ____/____/20____ to ____/____/20____ \$15.00PD: ____/____/20____ ck# _____ cash

Date of Regular License Issued: ____/____/20____ Approved by Town Board on: ____/____/20____