BEVERAGE OPERATOR'S LICENSE ("BARTENDERS LICENSE")

Town of Waterford

A Beverage Operator's License is required of persons who wish to work unsupervised at an establishment that sells beer or any alcohol product, whether sold in packaged form or by the glass. Wisconsin Statutes require that a licensed bartender, at least 18 years of age, must be on the premises at all times. No person shall serve alcoholic beverages in any place operated under a retail class "A" or class "B" alcoholic beverage license unless he or she possesses a beverage operator's license, or unless he or she is under the immediate supervision of the licensee or a person holding an operator's license who is at the time of such service upon the premises.

Town of Waterford Bartender's licenses can be obtained by:

1. Completing the Application in full. (Applicant's signature must be notarized - Notary Service is available in the Administrative offices of Town Hall).
2. Submitting the Application and license fee to the Office of the Town Clerk.
3. Providing proof of enrollment in, or completion of a Responsible Beverage Server Training Course as approved by the State of Wisconsin.

Once an application is received by the Town Clerk, the Police Department runs a Record Check on the applicant. Upon Police Department approval, the license is issued and mailed to the applicant's place of employment, unless the applicant has requested that it be mailed elsewhere.

In the event the Police Department recommends denial of a Beverage Operator's License, the applicant will receive a letter from the Town Clerk. The letter will include a listing of the citations on the applicant's record. If denied, the Town will retain $7 of the applicant's license fee to cover the cost of the Police Record check. Appeal information will also be sent to the applicant.

PLEASE NOTE: LICENSES ARE NOT IN EFFECT UNTIL RECEIVED BY APPLICANT.

LICENSE FEES

NOTE: All licenses expire on June 30th of the appropriate year

Renewal license: $30.00

New license: $47.00 (includes a background check)

PLEASE MAKE CHECKS PAYABLE TO THE TOWN OF WATERFORD

PLEASE DIRECT QUESTIONS TO: TOWN CLERK at (262) 534-1871 or email at tmayer@townofwaterford.net

TOWN OF WATERFORD APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

NOTICE: All of the requests for information *must* be answered. Application may be denied upon discovery of untrue or omitted information.

FULL NAME _____
Last First Full Middle Former Name(s)

CURRENT ADDRESS _____

CITY_____ STATE _____ ZIP CODE _____ COUNTY _____

TELEPHONE: _____ E-MAIL ADDRESS:_____

IF CURRENT ADDRESS IS NOT YOUR PERMANENT ADDRESS, PLEASE LIST PERMANENT ADDRESS, COUNTY, STATE AND TELEPHONE NO. BELOW:

_____

DATE OF BIRTH_____ PLACE OF BIRTH _____
City& State

HEIGHT _____WEIGHT HAIR COLOR _____EYE COLOR __SEX ____ RACE _____

DRIVER'S LICENSE NO. AND STATE_____ _____

Have you completed the Responsible Beverage Server Training Course? _____Yes _____No

If yes, where did you complete it? _____

Do you currently have a Beverage Operator License in another Municipality?_____Yes _____No

If yes, what municipality issued the License? _____

Town of Waterford Employing Establishment_____
(Name of Bar/Tavern)

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, TRAFFIC VIOLATION, AND OR VIOLATION OF A MUNICIPAL ORDINANCE (excluding parking tickets)? _____ Yes _____No

If Yes, please provide the following:

Date of Arrest:_____ Offense: _____

Arresting Agency: _____

Date of Arrest:_____ Offense: _____

Arresting Agency: _____

Date of Arrest:_____ Offense: _____

Arresting Agency: _____

NOTICE: All of the above requests for information *must* be answered. Application may be denied upon discovery of untrue or omitted information.

_____ I CERTIFY THAT I HAVE ATTAINED THE AGE OF 18; AND I SPECIFICALLY STATE THAT *I HAVE NOT* BEEN CHARGED WITH OR CONVICTED OF ANY FELONY, MISDEMEANOR, MUNICIPAL CITATION, OR ANY OTHER OFFENSE; AND THAT I AM FAMILIAR WITH THE LAWS, ORDINANCES AND ALL PROVISIONS OF SAID LAWS, AND THAT ALL INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ I CERTIFY THAT I HAVE ATTAINED THE AGE OF 18; AND I SPECIFICALLY STATE THAT *I HAVE* LISTED ON THIS APPLICATION ALL FELONY, MISDEMEANOR, MUNICIPAL CITATIONS, OR ANY OTHER OFFENSES THAT I HAVE BEEN CONVICTED OF, WHICH HAS RESULTED IN CHARGES AGAINST ME AND THAT I AM FAMILIAR WITH THE LAWS, ORDINANCES AND ALL OTHER PROVISIONS OF SAID LAWS, AND THAT ALL THE INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____
Signature of Applicant

Subscribed and sworn to before me this_____day of _____, 20_____

_____
Notary Public

_____
Expiration Date

TO BE COMPLETED BY TOWN CLERK'S OFFICE:

Date Fee Received _____ Amount _____ Application Submitted by: _____

Checked for completeness by:_____ Tina Mayer _____Heather Stratton

TO BE COMPLETED BY POLICE DEPARTMENT:

I have investigated the above named applicant, and I have informed the Town Clerk's Office of any findings that have been discovered.

_____ _____
Police Chief Date