



APPLICATION | BARTENDER/OPERATOR LICENSE

License Type: Annual (\$30) Provisional (\$15) Temporary (\$5)

Please print legibly. License Fee is Non-Refundable.

APPLICANT INFORMATION

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Wisconsin Statutes Sections 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto; I hereby agree to comply with all laws, resolutions, ordinances and regulations, whether they be federal, state or local, affecting the sale of such beverages and liquors should a license be granted to me. I submit the following in support of my application:

Last Name	First Name	Middle	Maiden Name	Gender
Street Address	City	State	Zip	Phone Number
Email Address	Date of Birth	Driver's License #	DL Exp Date	Issuing State
Social Security #	Name of Licensed Business Where You Are Employed			

- Have you held a Wisconsin Operator's (Bartender's) License in the last two years? Yes No
If yes, provide a copy and note the municipality and license expiration date: .
- Have you completed a WI Responsible Beverage Server Course within the last two years? Yes No
If yes, provide a copy and note the completion date: and the expiration date: .
- Have you ever been ticketed, arrested, convicted, fined, or have any charges pending against you for any violation of federal, state, or municipal laws, including for a felony, misdemeanor, civil offense, alcohol-related traffic offense or violation of any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors, either as an adult or as a juvenile? Yes No If yes, please provide the details below (use back of application if needed.)
Date: Jurisdiction: Violation:
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I, the undersigned, depose and state that I am the person in the foregoing application; that I have read and made a complete, true and correct answer to each question; that I consent to a full investigation of my background by the Village of Yorkville; that its elected officials, employees and agents shall use any and all information obtained in said investigation to determine my competency to be issued the license for which I am applying. I further understand that any license issued contrary to Wisconsin Statutes Chapter 125 shall be void, and, under penalty of state law, I may be prosecuted for submitting false statements and affidavits in connection with this application. I further acknowledge that any false statements on this application will result in an automatic license denial.

Applicant Signature Date:

FOR OFFICE USE ONLY			
Application Received On: / /	Background Check <input type="checkbox"/> Clear <input type="checkbox"/> Attached	Fee Received: \$	Server Training/License Exp (circle one): / / <i>(Proof of Required)</i>
Board acted on: / /	Board voted to: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	License valid through: / /	License No.