

TOWN OF SHELBY

County of La Crosse

State of Wisconsin



2800 Ward Ave

La Crosse, WI 54601

Phone: (608)788-1032

Email: info@townofshelby.com

APPLICATION FOR BARTENDER OPERATOR LICENSE

\$15.00 Non-Refundable Fee Paid: Y/N OPERATOR LICENSE NUMBER: _____

Name _____
(First) (M) (Last)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Date of Birth _____
(Include Area Code) (mm/dd/ccyy)

Maiden Name(s)/Other Names Used _____

Employer _____ **New Application (N) or Renewal (R)? N / R (Circle One)**

Have you ever been convicted of a felony or of violating any law of the State of Wisconsin or the United States? Yes / No (Circle One)

If your answer is yes: Date of Conviction _____ County _____
(mm/ccyy)

Nature of Offense _____

Have you been convicted of violating laws or ordinances at the Federal, State or Local level? Yes / No (Circle One)

If yes, list **all** violations and dates except for traffic violations that were not related to alcohol or drug offenses.

Are there any charges pending against you for violating laws or ordinances at the Federal, State or Local level? Y / N

If yes, list **all** violations and dates except for traffic violations that were not related to alcohol or drug offenses.

TURN OVER →

APPLICANT'S STATEMENT

To Serve Fermented Malt Beverages and Intoxicating Liquors I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Shelby, County of La Crosse, Wisconsin for a License to serve, from the date hereof to **June 30, _____**, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Wis. Stat. §125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I hereby certify that the answers on the above application are complete, true, and correct to the best of my knowledge and belief. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin and with all the provisions of the Municipal Code of Ordinances of the Town of Shelby.

I understand that law enforcement will complete a record check to verify information on this application. If any information is not complete or correct, it is possible that this application will be denied.

Applicant's Signature

Today's Date (mm/dd/ccyy)

CLERK'S NOTICE TO APPLICANTS

Applications that are not filled out completely will not be processed. The following documents must be received with you application in order to process it. Applications lacking documents are subject to being rejected or held until the proper documentation is received.

- A copy of a valid ID or Driver's License with this application.
- As required by Wis. Stat. §125.17(6), you must complete a Responsible Beverage Server Training Course every two years. If you are a new applicant, a **Copy of the certificate must be attached.**
- If you hold a valid Bartender Operator License from another Wisconsin municipality **a copy of the license must be attached** (must be dated within the last two years or a copy of the Responsible Beverage Service Training course must ALSO be attached).

OFFICE USE ONLY

License # _____

Record Check On _____
(mm/dd/ccyy)

Town or Shelby Clerk, Fortune M. Berg