



TOWN OF SHELBY

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APPLICATION FOR A BARTENDER/OPERATOR LICENSE

Name _____ Phone _____

Address _____

Date of Birth ____/____/____ Other Names Used _____

Employer _____ New Application? ____ Renewal? ____

Have you ever been convicted of violating any law of the State of Wisconsin or United States? Yes ____ No ____

If yes, please list all violations and dates except for traffic violations that are not specifically related to alcohol or drug offenses. _____

Do you have pending charges for violating any law of the State of Wisconsin or United States? Yes ____ No ____

If yes, please list all violations and dates except for traffic violations that are not specifically related to alcohol or drug offenses. _____

CLERK'S NOTICE TO APPLICANTS

Incomplete applications will not be considered. The following documents should be received with your application in order to process it. Applications lacking the accompanying documentation are subject to rejection.

- *A copy of a valid ID or Driver's License – must be unexpired.*
- *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 certificate of completion is required to be submitted with the application.*
- *If you hold a valid bartender/operator license from another Wisconsin municipality, a copy of that license is acceptable in lieu of a certificate of completion for the Responsible Beverage Server Training Course.*

APPLICANT'S STATEMENT

I, the undersigned, do hereby respectfully make an application to the Town of Shelby, La Crosse County, Wisconsin for a license to serve fermented malt beverages to expire on June 30, _____, unless sooner revoked. I understand that this license will grant me the ability to serve fermented malt beverages and intoxicating liquors subject to the limitation imposed by Wisconsin State Law and I hereby agree to comply with all Federal, State and Local laws, resolutions, ordinances, and regulations affecting the sale of such beverages and liquors if a license is granted to me.

I hereby certify that this application is 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 a background check to verify the information on this application may be required. I acknowledge that if the information provided is untrue or incorrect, this application may be denied.

Signed _____ Date _____

OFFICE USE ONLY

New Application? ___ Renewal? ___ Valid ID Submitted? Yes ___ No ___

Responsible Beverage Training Certificate or Valid Operator License? Yes ___ No ___

Non-Refundable Fee Paid? Yes ___ No ___ Record Check On: _____

License Number: _____

Notes/Additional Info: