



**Application** for License to serve fermented malt beverages & Intoxicating Liquors

Call to pick up\_\_\_\_\_

- 60 day provisional \_\_\_\_\_ to \_\_\_\_\_  
Fee- \$17.00
- Annual \_\_\_\_\_ to June 30<sup>th</sup> \_\_\_\_\_  
Fee - \$27.00

I hereby apply for a license to serve fermented malt beverages and Intoxicating liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local affecting the sale of such beverages and liquors if a license be granted to me. To the best of the applicant's knowledge and belief, the information on this application is true, correct and complete.

Applicant Name (last, first, MI)	Social Security Number _____/_____/_____
Address:	Date of Birth ____/____/____
City/State/Zip	Phone number:
Permanent Address (if different from above)	Establishment (s) where applicant will be employed
Drivers license # _____/_____/____/____ State of Issue: _____	License expiration date: ____/____/____

Answer the following questions:

- Are you renewing a bartender/operator license held with the City of Chetek?  
date license expires/expired \_\_\_\_\_ Yes  No
- Do you possess a current provisional or regular operator/bartender licensed issued by another municipality?  
Date of issue: \_\_\_\_\_ Issued by: \_\_\_\_\_ Yes  No   
**Attach a copy of license.**
- If you have not held a license within the last 24 months with the City of Chetek or another municipality, have you completed the Responsible Beverage Server Training Course? Yes  No   
**Attach a copy of your certificate.**

This application is subject to a criminal background check by the police department, amongst other things. Your arrest or conviction record may justify the denial of your application if the circumstances of the charges substantially relate to the alcohol beverage licensing activity, if you have been a habitual law offender, or if you have been convicted of a felony.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Signed in front of employer \_\_\_\_\_ employer signature \_\_\_\_\_  
(Employer signature) printed name of employer

Or

\_\_\_\_ Signed in front of notary State of Wisconsin }  
Barron County } Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_, notary - commission expires \_\_\_\_\_

*(Your completed license will be mailed to the above address unless you request us to call you to pick it up.)*

Official use only

Receipt # \_\_\_\_\_ date \_\_\_\_\_

Application reviewed by police official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Denial is based on the following offenses: \_\_\_\_\_

Appeal to council date: \_\_\_\_\_ approved \_\_\_\_\_ denied \_\_\_\_\_ License # \_\_\_\_\_