

**CITY OF SPARTA
OPERATOR (BARTENDER) LICENSE APPLICATION**

Please Note:

- You must be 18 years of age or older to apply.
- Answer all questions truthfully and completely on both pages. A records check will be conducted.
- A Beverage Server Certificate (www.learn2serve.com), proof of registration in the Class, or proof of having an Operator License within the last two years must accompany New, Renewal, or Provisional License Applications.
- A non-refundable, non-transferrable fee of \$10.00 must accompany the application unless full amount is paid at time of application. The remainder of the license fee must be paid before the license can be picked up. No refunds of amounts paid will be issued.

Application Date _____

License Applying For:

- _____ **New \$60.00 (two-year term)(July thru June)**
\$30.00 (2nd year of two-year term)(July thru June)
- _____ **Renewal \$60.00 (two-year term)**
- _____ **Provisional \$15.00**
- _____ **Temporary \$15.00**
Temp. Period Needed (1-14 days) _____
(No beverage certificate needed for the Temporary License. License issued only to operators employed by, or donating their services to, nonprofit corporations. No person may hold more than one license of this kind per year.

Check the appropriate statement that applies to you:

- _____ I have an Operator's License in effect at this time. (Attach proof if not held w/City of Sparta)
- _____ I have held an Operator's License within past 2 years (attach proof)
- _____ I have completed the Beverage Server Training Course within past 2 years (attach Completion Certificate)

To City Clerk, City of Sparta, Wisconsin:

I hereby apply for a license to serve from the date hereof to June 30, 20____, inclusive, fermented malt beverages and Intoxicating liquors, subject to limitations imposed by Secs. 125.04, 125.12, 125.32, 125.68 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 is granted to me.

PLEASE PRINT

Name _____
 Last First Middle

Home Address _____
 Street City State Zip

Mail License to (if different from home address) _____
 Street City State Zip

Driver's License # _____ **State Issued** _____

Phone Number _____ **Date of Birth** _____ **Alternate Phone** _____

License to be used at (Name of Business) _____

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- 1. Have you been convicted of any felony or misdemeanor? Yes _____ No _____
- 2. Have you been convicted of any license law or ordinance regulating the sale and/or consumption of fermented malt beverages or intoxicating liquors? Yes _____ No _____
- 3. Are there presently any charges, federal, state, or local pending against you? Yes _____ No _____
- 4. Do you presently have any outstanding forfeiture, fees, or fines owed to the City of Sparta? Yes _____ No _____

If you answered yes to any of the above questions, list the offense convicted of, pending conviction, date of conviction, and state and county of conviction.

Date:	Nature of Offense:	County:	State:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, the applicant states that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant: _____ **Date:** _____

Signature of person receiving application: _____ **Date:** _____

FOR OFFICE USE ONLY

Receipt # _____ Amount paid _____ Date paid _____

License Expiration Date: Provisional: _____ (not more than 60 days)
Operators: June 30, _____ (bi-annual)
Temporary Period: _____ (not more than 14 days)

Date granted: _____

License #: _____

Chief of Police Recommendation:

Date Issued: _____

Yes: _____ No: _____