

TOWN OF ALBAN, WI
Application for Operators (Bartender) License

Today's Date: _____

Last Name: _____ First: _____ Middle: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone No.: _____

Drivers License No. _____ Circle One: **MALE** **FEMALE**

Date of Birth: _____ Age: _____ Where will you be employed? _____

1. Is application new or renewal? Circle One: **NEW** **RENEWAL**

If original was obtained in a Municipality other than the Town of Alban, please provide a certified copy of the original license held from within the past two years.

2. Have you completed the Alcohol Awareness course required by WI Statutes 125.17(6)? Circle One: **YES** **NO**

If yes and not a renewal, please provide copy of completed certificate from within the past two years.

3. Have you **Ever** been convicted of violating any law or ordinance pertaining to alcohol or illegal drugs?

Circle One: **NO** **YES** If yes, please list violation, conviction date and court location.

VIOLATION: _____ **DATE OF CONVICTION:** _____

NAME OF COURT: _____

4. Have you **Ever** been charged or convicted of a felony?

Circle One: **NO** **YES** If yes, please list violation, charge or conviction date and court location.

VIOLATION: _____ **DATE OF CHARGE OR CONVICTION:** _____

NAME OF COURT: _____

5. Have you **Ever** been convicted of a misdemeanor or ordinance violation (excluding traffic violations)?

Circle One: **NO** **YES** If yes, please list violation, charge or conviction date and court location.

VIOLATION: _____ **DATE OF CHARGE OR CONVICTION:** _____

NAME OF COURT: _____

6. Have you have any pending charges for violation of any Federal, State, County or Municipal laws?

Circle One: **NO** **YES** If yes, please list violation, pending charge, date and court location.

VIOLATION/CHARGE: _____ **DATE OF VIOLATION:** _____

NAME OF COURT: _____ **COURT DATE:** _____

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, I state that each of the above questions has been truthfully answered to the best of my knowledge. I certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of intoxicating liquors and fermented malt beverages, and I hereby agree, if granted a license, to obey all provisions of the law. I understand that this license is approved or denied by The Town Board and falsification of this application will result in automatic denial.

APPLICANT'S SIGNATURE: **X** _____ **DATE:** _____