

11333 N. Cedarburg Rd

Mequon, WI 53092-1930

Phone: 262/236-2914

Fax: 262/242-9655

**www.ci.mequon.wi.us Office of the City Clerk**

**Alcoholic Beverage Operator (Bartender) License Application**

Please read each question or statement carefully. All questions must be answered.

\*A penalty is provided for any false statement.\*

I hereby apply for a license to serve from the date hereof to June 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto. And I 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fee required: | | $ | | | | | | | | Call for pick-up?  (Check one) | | | | YES  NO | |
| Type: | NEW FEE **$100** | | RENEWAL FEE **$100** | | | | | | PROVISIONAL **$15** | | | TEMPORARY **$10** | | | |
| CASH OR CHECK ONLY | | | | | | | | | | | | | | | |
| Name of Applicant: (print) | | | | Last, First | | | | | | | | | | | |
|  | | | | Full Middle Name: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Have you ever been known by/used any other name? YES  NO | | | | | | | | | | | | | | | |
| If yes to above answer, please complete: | | | | Other Name Maiden Name | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Current Address: | | | |  | | | | | | | | | | | |
| City, State, Zip: | | | |  | | | | | | | | | | | |
| Previous address if not living at above address for the past three (3) years: | | | | | |  | | | | | | | | | |
| City, State, Zip: | | | |  | | | | | | | | | | | |
| Phone: | | | | ( ) - | | | | | | | | | | | |
| Email: (optional) | | | |  | | | | | | | | | | | |
| Date of birth: | | | | / / | | | | | | | | | | | |
| Place of birth: | | | |  | | | | | | | | | | | |
|  | | | | City State | | | | | | | | | | | |
| Social Security Number: | | | | * - | | | | | | | | | | | |
| Driver’s license info: | | | |  | | |  | | | | | | |  | |
|  | | | | State of issue D.L. Number Expiration date | | | | | | | | | | | |
| Physical description: | | | |  |  | | |  | | |  | |  | |  |
|  | | | | Male Female Height Weight Hair Eyes | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any felony? | | YES  NO |
| **TURN OVER**  Have you ever been convicted of any misdemeanor? | | YES  NO |
| Have you ever been convicted (paid fine) for any Ordinance violations (do not include traffic)? | | YES  NO |
| Have you ever had any alcohol-related convictions (traffic or otherwise)? | | YES  NO |
| If you answered YES to the above questions, give dates of violations, place of violations, specify charges, disposition and date of disposition. | |  |
|  | | |
|  | | |
|  | | |
| Have you completed a responsible beverage server training course in the last two (2) years? Proof required. | | YES  NO |
| Have you held a retail managers or bartender license in past two (2) years? Proof required. | | YES  NO |
| **Place of Employment in Mequon:** |  | |

The undersigned affirms/swears that he/she has made complete and true answers to each question, and understands that false statements are a violation of state law punishable by a forfeiture of up to $1000, for a person who knowingly provides materially false information on this application and that his/her past record will become a part of this application.

**Applicant’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Chief of Police**:

 I have caused the applicant and the facts stated in this application to be investigated and I **APPROVE** the granting of the license.

 I have caused the applicant and the facts stated in this application to be investigated and I **DISAPPROVE** the granting of the license for the following reason(s). Attach additional sheet if needed.

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**Signature of Chief of Police**  **Date**

**TO BE COMPLETED BY CLERK**

|  |  |  |
| --- | --- | --- |
| Date filed with Clerk: | License No. issued:  **O**- | Date license issued: |
| Initials of Clerk: | Prov. License issued:  **OP**- | Date Prov. license issued: |
| Receipt #: | Temp. license issued:  **OT-** | Date Temp. license issued: |
| Reissue receipt #: | Date license reissued: | Clerk Approval and Date: |

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