

**VILLAGE OF WALDO**  
**APPLICATION – OPERATOR/BARTENDER LICENSE**

License year: July 1, \_\_\_\_ to June 30, \_\_\_\_

**TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

**\$ 25.00 Operator License**

**\$ 15.00 Provisional License (60 days)**

FEES ARE NON-REFUNDABLE

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Waldo, County of Sheboygan, Wisconsin for a License to serve, from date hereof to June 30, \_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations 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.

1. New ☐      Renewal ☐      Date filing: \_\_\_\_\_  
Prev. License # \_\_\_\_\_
2. Name: \_\_\_\_\_  
First Middle Last
3. Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_
4. Home Address: \_\_\_\_\_  
Street City/State Zip Code
5. Phone Number: \_\_\_\_\_ Ethnicity: \_\_\_\_\_
6. Sex:    M ☐    F ☐    Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
7. Are you a citizen of the United States      Yes ☐    No ☐
8. List all your residences for the past Two years to the date of application:  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you EVER been convicted of violating any: (Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license. Including traffic laws.)  
Federal Laws ANYWHERE? \_\_\_\_\_  
Wisconsin State Laws? \_\_\_\_\_  
Laws of ANY other State? \_\_\_\_\_  
Ordinances of the Village of Waldo? \_\_\_\_\_
10. Specify offenses, giving date and places of convictions (if more space is needed use the back of this sheet):  
\_\_\_\_\_  
\_\_\_\_\_
11. Where will you be serving/selling alcohol beverages?  
Business Name: \_\_\_\_\_

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be ground for denial or revocation of this license. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws.

I understand that the Cascade Police Department MAY do a background check based on my application. I hereby authorize the release of any and all records requested by the Cascade Police Department in its investigation and the Cascade Police Department will provide that information to the Clerk and the Village Board.

I hereby release any individual, institution or agency, including its officers, employees, or other related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

\_\_\_\_\_  
Clerk/Treasurer

\_\_\_\_\_  
Applicant's Signature

☐ **APPROVED** \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ **REJECTED** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Office Use Only*

**REASON:** \_\_\_\_\_

☐ \$ 25.00 – OPERATOR LICENSE

☐ CASH

☐ CHECK # \_\_\_\_\_

LICENSE #: \_\_\_\_\_

☐ \$ 15.00 – \*PROVISIONAL LICENSE (60 DAYS)

☐ CASH

☐ CHECK # \_\_\_\_\_

LICENSE #: \_\_\_\_\_

\*TRAINING CERTIFICATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

**812 W 2<sup>nd</sup> St, P.O. Box 202, Waldo, WI 53093**

**Telephone: (920) 528-8121      Website: [www.villageofwaldo.com](http://www.villageofwaldo.com)**