

VILLAGE OF WALDO APPLICATION FOR
Alcohol Beverage Operator (Bartender) License

License valid July 1, _____ to June 30, _____

**FEE: \$25.00 PROVISIONAL FEE:
\$15.00 (Valid for 60 days)**

LICENSE FEES ARE NON-REFUNDABLE

- An Operator License is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants. You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at <https://wcca.wicourts.gov/> (CCAP may not provide a comprehensive list of ALL arrests and convictions).
- Your application will not be processed until you address any unpaid debts to the Village of Waldo and/or outstanding warrants.

SECTION 1 - LICENSE INFORMATION

- NEW** *All new applications require a copy of your certificate of completion by an approved WI Responsible Beverage Training Course within the last two years – this must accompany your application.*
- RENEWAL**
- Check this box if you have read the above IMPORTANT INFORMATION and understand that failure to disclose information on your application will result in denial of your application.

SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)			Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)			Phone Number	
Social Security Number	Date of Birth	Place of Birth (County/State)	Race	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Driver's License Number/State ID number		State of Issuance	Email Address	
Current Address (also provide mailing address if different from current address)		City	State	Zip Code
Previous Address		City	State	Zip Code

SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

The Village performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

PENDING CHARGE(S) INFORMATION

Are there any charges (criminal or ordinance violations) currently pending against you? Yes No

If you answered yes, please complete all of the information below: **(attach additional sheets of paper if needed)**

Date of Violation	Location (City/County/State)	Description of Violation	Next Court Date	Status
1				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No

If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No

If so, which incident?

FELONY CRIMINAL RECORD

Since your 17th birthday, have you ever been arrested or convicted of a felony? Yes No

As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? Yes No

If you answered yes, please complete all of the information below: **(attach additional sheets of paper if needed)**

Date of Conviction	Location (City/County/State)	Description of Felony Offense
1		

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
 If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
 If so, which incident?

Name and Address of Employer where license will be used (if not currently employed, mark "N/A")

OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations) Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

Date of Conviction	Location (City/County/State)	Description of Criminal Offense (Non-Felony) or Ordinance Violation	Penalty Imposed
1			
2			
3			
4			
5			

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
 If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
 If so, which incident?

SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE

- Review of your application**
- The Cascade Police Department will perform a background check to verify that the information you have provided is complete and accurate.
 - A submitted application that is incomplete or which contains false or misleading information must be denied and the applicant must wait six months before submitting another application.
 - An applicant may appeal a denial. The appeal must be in writing, setting forth the reason(s) for the appeal, signed and dated by the applicant, and filed with the Village Clerk within 30 days of the date of denial.
 - The Waldo Village Board meets monthly on the 2nd Monday of the month. You will be asked to appear in front of the Village Board to appeal.

SECTION 5. CERTIFICATION * PLEASE READ CAREFULLY BEFORE SIGNING******

Certification: I hereby certify that the information on this application is complete, accurate, and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. Further, I understand that this license is only valid within the village limits of Waldo.

X _____ / ____ /20

Signature of Applicant _____ Date _____

OFFICE USE ONLY

<input type="checkbox"/> New/Renewal License (1 year license) \$25.00 ; expires _____	<input type="checkbox"/> Payment Received _____	<input type="checkbox"/> Sent to PD on _____
<input type="checkbox"/> Provisional License \$15.00 ; expires _____	<input type="checkbox"/> Photo ID checked	<input type="checkbox"/> Rec'd from PD on _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lic/Ltr sent on _____

RECOMMENDATIONS / FINAL ACTION

Police Dept Action Date: _____ Approved Denied Chief of Police/Designee Signature: _____

If license is denied, state reason(s) for denial or attach a separate document:

License # _____ Issued Date: _____ Clerk-Treasurer's/Designee Signature: _____