

**Resolution R2018-6 Effective 1/1/2019**



# Biennial Operator License Application

**License Expires June 30, 20\_\_**

<input type="checkbox"/> New \$25.00	<input type="checkbox"/> Duplicate \$10.00	<input type="checkbox"/> Resp. Beverage Class Pending
<input type="checkbox"/> Renewal \$25.00	Payment and Application due 15 days prior to meeting date	<input type="checkbox"/> Resp. Beverage Class Complete <small>(Attach Certificate)</small>

Temporary \$10.00 Date Needed: \_\_\_\_\_ Event Name: \_\_\_\_\_  
(License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for nonprofit corporations.)

Office Use Only	License #	Previous License #
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Last Name:	First Name:	M.I. (Required)
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Driver's License:	Social Security Number:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
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Residence: Street Address	City	State	Zip
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Phone	Birth date	Birth Place (City, State)
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Other names, aliases or birthdates ever used: \_\_\_\_\_

Establishment/Employer where License is intended:	Contact person & phone number of Employer:
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Previous addresses in past 5 years: <small>(attach additional if necessary)</small>	From:	To:

Since when have you been a resident of the State of Wisconsin continuously? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States (including Traffic Violations)?

Date of such conviction:	Name of Court:
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Nature of Offense: \_\_\_\_\_

Have you been convicted of any felony or of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

**Application must be notarized if not presented in person.**  
*I swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify I am familiar with the laws, ordinances and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that falsification of this application will result in automatic denial.*

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

\_\_\_\_\_  
 Notary Public or Clerk's Office

Clerk's Office: Type of ID Checked \_\_\_\_\_  
 (DL/ID Card/Other ID)

**Office Use Only**

Reported to Town Board \_\_\_\_\_ **Approved** or **Denied**       Mailed/Received on \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature Date

## **TOWN OF LITTLE SUAMICO – OPERATOR’S LICENSE**

To apply for an Operator’s License, either a proof of registration or a certificate of completion for the Responsible Beverage Service Course within the last two years, or an operator’s license within the last two years from another Wisconsin municipality must be provided. If a proof of registration is provided, a certificate of completion must be supplied before a license will be issued.

**Licenses are issued biennial and expire June 30<sup>th</sup>. Renewal applications are accepted starting April 1<sup>st</sup>.**

### **PARAMETERS FOR DENIAL OF AN OPERATOR’S LICENSE (BARTENDER LICENSE)**

**If you have two or more convictions of the offenses listed or a combination of two or more convictions of the offenses listed, your application will be recommended for denial.**

1. Giving false or incomplete information or misinformation on the Application.
2. An arrest or conviction of underage selling during the past 2 years.
3. An arrest or conviction of underage person on premise during the past 2 years.
4. Conviction of any substance abuse during the past 2 years.
5. Conviction of driving under the influence of any alcohol or controlled substance during the past 2 years.
6. Conviction of allowing another person to use operator’s license during the past 2 years.
7. Conviction of selling to an intoxicated person during the past 2 years.
8. Conviction of selling after hours in the past 2 years.
9. Conviction of selling without a license in the past 2 years.
10. Conviction of any part of Chapter 125 State Statutes, not listed above, relating to alcohol beverages during the past 2 years.
11. An arrest or conviction of charges related to the activities performed while bartending within the past 2 years.
12. **Any habitual law offender or felon** where the circumstances of the charges substantially related to the licensing activity.
13. Convictions of illegal gambling during the past 2 years.

The Town Board will receive the recommendation to approve or deny the license at a regular meeting of the Town Board.

If the license is denied at the Town Board Meeting, the Clerk shall provide the applicant a letter with reasons for denial of their license. Any applicant denied a license may appeal the decision by writing a letter to the Town Clerk within 14 days of receipt of the denial letter. The letter should state in detail the grounds for reversal of the denial and shall be signed by the applicant. The Clerk shall submit the letter and application to the Town of Little Suamico Plan Commission for further review. The Town Clerk shall set a date and time to meet with Plan Commission. If the Plan Commission upholds the denial, the applicant may request in writing a hearing before the Town Board within 14 days from the date of the Plan Commission Meeting.

### **IF YOUR APPLICATION SHOULD BE DENIED BY THE TOWN BOARD, FEES ARE NON-REFUNDABLE AND YOU CANNOT RE-APPLY UNTIL ONE YEAR AFTER THE DENIAL.**

I hereby acknowledge that I read and understand the Parameters for Denial of an operator’s license for the Town of Little Suamico.

Signed \_\_\_\_\_ Date \_\_\_\_\_