License Committee

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Regular Meeting

Agenda

Tuesday, March 18, 2014 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a Regular Meeting of the **License Committee** of the City of De Pere will be held on **March 18, 2014** at **7:00 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the Minutes of the March 4, 2014 License Committee Meeting.
3. Operator License Applications.
4. Public Comment Period and other Announcements.
5. Application for a Temporary Class "B" Retailer's License for De Pere Lions Club Celebrate De Pere Tent submitted by De Pere Lions Club.
6. Application for a Temporary Class "B" Retailers License for Hope Lutheran Church Celebrate De Pere 2014 Tent submitted by Hope Lutheran Church.
7. Consideration of a new Operator License Application.
8. Adjournment.

Respectfully Submitted,

Shana Defnet, Clerk - Treasurer

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk-Treasurer's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Mayor
Alderpersons
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
CAYO, CRAIG S.
COFFEY, HEATHER M.
CORRIGAN, NICOLE L.
PAUL, CINDY L.
TELLER, DAOMA M.
ACHTEN, JAY G.
DAY, DENNIS R.
GIBSON, GARRON G.
BAUER, ALICIA S.
VANDER BLOOMEN, KELSEY E.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 18, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**Approval of the Minutes of the March 4, 2014 License Committee Meeting.**

ATTACHMENTS:

- 3-04-2014 License Committee Minutes (PDF)

License Committee

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, March 4, 2014 6:45 PM De Pere City Hall Riverview Room

1. Call to Order. The meeting was called to order at 6:45 PM by Alderperson Kevin Bauer.

Attendee Name	Title	Status	Arrived
Kevin Bauer	Alderperson	Present	
James Boyd	Alderperson	Present	
Bob Heuvelmans	Alderperson	Absent	

2. Approval of the Minutes of the February 18, 2014 License Committee Meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	James Boyd, Alderperson
SECONDER:	Kevin Bauer, Alderperson
AYES:	Kevin Bauer, James Boyd
ABSENT:	Bob Heuvelmans

3. Operator License Applications.

CITY OF DE PERE - MARCH 4, 2014					
ITEM	NAME	ADDRESS	CITY	ST	541
Previously Tabled Operator License Applications					
1	CORRIGAN, NICOLE L.	733 OAK ST.	DE PERE	WI	541
2	KENNEDY, DERIK R.	843 ASH ST., APT. A	DE PERE	WI	541
3	MANN, BRADLEE J.	210 FERNARDO DR.	DE PERE	WI	541
4	SANDOVAL, CHRISTIAN A.	500 MAIN AVE., APT. 203	DE PERE	WI	541
Operator License Applications for the 2012-2014 Licensing Period					
1	CAYO, CRAIG S.	1020 W. SPRING ST.	APPLETON	WI	549
2	COFFEN, CHAD N.	1535 CAPITOL DR.	GREEN BAY	WI	543
3	COFFEY, HEATHER M.	1848 VERLIN RD., APT. 8	GREEN BAY	WI	543
4	NIKOWITZ JR., NEAL R.	801 MARVELLE LN., #102	GREEN BAY	WI	543
5	PAUL, CINDY L.	1680 W. MAIN CIR. #86	DE PERE	WI	541
6	STUERMER, RYAN M.	2383 S. LENEX ST.	MILWAUKEE	WI	532
7	TELLER, DAOMA M.	1220 S. ERIE ST.	DE PERE	WI	541

Previously Tabled Operator License Application #1 for Nicole L. Corrigan was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #2 for Derik R. Kennedy was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to deny the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #3 for Bradlee J. Mann was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to deny the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #4 for Christian A. Sandoval was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions regarding his background check. Alderperson Bauer moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously. Alderperson Bauer moved, seconded by Alderperson Boyd to deny the application. Upon vote, motion carried unanimously.

Operator License Application #1 for Craig S. Cayo was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.

Operator License Application #3 for Heather M. Coffey was presented. Alderperson Boyd moved, seconded by Alderperson Bauer to table the application. Upon vote, motion carried unanimously.

Operator License Application #5 for Cindy L. Paul was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.

Operator License Application #7 for Daoma M. Teller was presented. Alderperson Boyd moved, seconded by Alderperson Bauer to table the application. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Boyd to approve Operator License Applications #2, 4, and 6. Upon vote, motion carried unanimously.

4. Public Comment Period and other Announcements. None.

5. Application for a Temporary Class "B"/Class B" Retailer's License for St. Francis Xavier Parish Picnic, 220 S. Michigan St., De Pere, WI 54115. Submitted by St. Francis Xavier Parish.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	James Boyd, Alderperson
SECONDER:	Kevin Bauer, Alderperson
AYES:	Kevin Bauer, James Boyd
ABSENT:	Bob Heuvelmans

6. Application for a Premise Description Change for the Wine Cellar, 813 Main Ave., De Pere, WI. Submitted by The Wine Cellar II, Inc., Agent: Dale Dombroski, 1159 Drews Dr., De Pere, WI 54115.
Alderperson Bauer moved, seconded by Alderperson Boyd to open the meeting. Upon vote, motion carried unanimously. Dale Dombroski shared plans and photos of their new location.

Alderperson Bauer moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Kevin Bauer, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	Kevin Bauer, James Boyd
ABSENT:	Bob Heuvelmans

7. Consideration to Amend §7-7, De Pere Municipal Code Regarding Class "A" License Hour of Operations.
This agenda item was taken out of order after agenda item #2. Alderperson Bauer explained that this ordinance would change the existing hours of sale for beer from 9:00 p.m. and extend it to midnight; hours would also be changed from 8:00 a.m. to 6:00 a.m. Police Chief Derek Beiderwieden addressed the Committee and stated that changing the hours of sales would be a step backwards from where the City is today; making alcohol more readily available is a mistake.

Health Director Chrystal Woller addressed the Committee and discussed alcohol misuse. She shared a "Community Health Assessment Report" with the Committee and a study that discusses the economic burden of alcohol.
Alderperson Bauer moved, seconded by Alderperson Boyd to open the meeting. Upon vote, motion carried unanimously.

Dale Dombroski of the Wine Cellar spoke in opposition to the ordinance change.
Patricia Finder-Stone of the Brown County Alcohol Task Force spoke in opposition to the ordinance change.

Tom Doughman of St. Norbert College spoke in opposition to the ordinance change.

Alderperson Bauer moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously.

Alderperson Boyd moved, seconded by Alderperson Bauer to receive and place the ordinance on file. Upon vote, motion carried unanimously.

8. Adjournment.

Alderperson Bauer moved, seconded by Alderperson Boyd to adjourn the meeting at 7:27 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Defnet, Clerk - Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **March 18, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Vicki Scray**

SUBJECT: **Operator License Applications.**

ATTACHMENTS:

- 03-18-14 Operator License List (PDF)

CITY OF DE PERE - MARCH 18, 2014					
ITEM	NAME	ADDRESS	CITY	ST	54115
Previously Tabled Operator License Applications					
1	CAYO, CRAIG S.	1020 W. SPRING ST.	APPLETON	WI	54914
2	COFFEY, HEATHER M.	1848 VERLIN RD., APT. 8	GREEN BAY	WI	54302
3	CORRIGAN, NICOLE L.	733 OAK ST.	DE PERE	WI	54115
4	PAUL, CINDY L.	1680 W. MAIN CIRCLE #86	DE PERE	WI	54115
5	TELLER, DAOMA M.	1220 S. ERIE ST.	DE PERE	WI	54115
Temporary Operator License Applications					
1	ACHTEN, JAY G.	1190 DREWS DR.	DE PERE	WI	54115
2	DAY, DENNIS R.	1720 SUNNYSIDE LN.	DE PERE	WI	54115
3	GIBSON, GARRON G.	1857 BRIARWOOD CT.	DE PERE	WI	54115
Operator License Applications for the 2012-2014 Licensing Period					
1	BAUER, ALICIA S.	W1534 HWY 151	CHILTON	WI	53014
2	VANDER BLOOMEN, KELSEY E.	1336 S. OAKLAND AVE.	GREEN BAY	WI	54304

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 18, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**Application for a Temporary Class "B" Retailer's License for De Pere Lions Club Celebrate De Pere Tent submitted by De Pere Lions Club.**

ATTACHMENTS:

- De Pere Lions Club (PDF)

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 3-3-14

☐ Town ☐ Village ☑ City of De Pere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☑ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 05/24/2014 and ending 05/26/2014 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION *(check appropriate box)* ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name De Pere Lions Club

(b) Address PO Box 5011 De Pere, WI 54115 *(Street)* ☐ Town ☐ Village ☐ City

(c) Date organized 06/01/1975

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President David Gibson 703 E. Mission Green Bay, WI 54301

Vice President David Van Straten 3955 Wright Circle De Pere, WI 54115

Secretary Sandy Zullner 211 Nob Hill Lane De Pere, WI 54115

Treasurer * Garron Gibson 1857 Briarwood Court, De Pere, WI 54115

sord here

(g) Name and address of manager or person in charge of affair: Garron Gibson 1857 Briarwood Court De Pere WI 54115 Phone #:920-983-0051

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Voyageur Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event Celebrate De Pere 2014

(b) Dates of event and time:5/24 12:30PM to 5/26 4:00PM

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Garron Gibson 3/2/2014 *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk 3-3-14 R# 90133

Date Granted by Council _____

De Pere Lions Club *(Name of Organization)*

Officer [signature] 3/2/2014 *(Signature/date)*

Officer _____ *(Signature/date)*

Date Reported to Council or Board _____

License No. _____

AT-315 (R. 5-11) Wisconsin Department of Revenue

Attachment: De Pere Lions Club (1992 : Application for a Temporary Class "B" Retailer's License)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 18, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**Application for a Temporary Class "B" Retailers License for Hope Lutheran Church Celebrate De Pere 2014 Tent submitted by Hope Lutheran Church.**

ATTACHMENTS:

- Hope Lutheran Church (PDF)

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 2/27/2014

☐ Town ☐ Village ☑ City of De Pere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☑ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 05/24/2014 and ending 05/26/2014 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION *(check appropriate box)* ☐ Bona fide Club ☑ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name Hope Lutheran Church

(b) Address 700 South Superior Street, De Pere, WI 54115 *(Street)* ☐ Town ☐ Village ☑ City

(c) Date organized 04/20/1951

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☑

(f) Names and addresses of all officers:

President Dennis R. Day 1720 Sunnyside Lane, De Pere, WI 54115-3464

Vice President William K. Miehe 1689 Remington Ridgeway, De Pere, WI 54115

Secretary

Treasurer Kathy Stephenson 709 Virginia Drive, De Pere, WI 54115

(g) Name and address of manager or person in charge of affair: Dennis R. Day 1720 Sunnyside Lane De Pere, WI 54115-3464 336-3823

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Voyageur Park (Celebrate De Pere)

(b) Lot Block

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event Celebrate De Pere

(b) Dates of event 05/24/2014 thru 05/26/2014

12:30pm 4:00pm

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Hope Lutheran Church *(Name of Organization)*

Officer Dennis R. Day *(Signature/date)*

Officer W. K. Miehe *(Signature/date)*

Officer Kathy Stephenson *(Signature/date)*

Officer *(Signature/date)*

Date Filed with Clerk 2-27-14 BY 2013

Date Reported to Council or Board

Date Granted by Council

License No.

AT-315 (R. 5-11) Wisconsin Department of Revenue

Attachment: Hope Lutheran Church (1963 : Application for a Temporary Class "B" Retailers License)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **March 18, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Consideration of a new Operator License Application.**

At the License Committee Meeting on February 4, 2014, Alderperson Heuvelmans mentioned that our Operator License application could be confusing to applicants and that this could be the reason why applicants at times don't identify all of their past offenses that come up in the background check from the Police Department. This paired with the drive to cut back on paper usage and the new agenda software sparked the initiative to change our two-page application to a single-page application. We solicited examples of one-page applications from other Wisconsin municipalities, and with the approval of Police Chief Derek Beiderwieden and Attorney Judy Schmidt-Lehman we drafted an application that we think will work well for everyone involved in the licensing process. If approved, we will begin using the new license in time for the licensing renewal period (June 2014).

ATTACHMENTS:

- Draft 03-11-14 Operator License Application (PDF)
- Examples of one-page applications (PDF)

CITY OF DE PERE LICENSE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

INSTRUCTIONS: Complete and return this form to the office of the City Clerk with the appropriate fee and your Responsible Beverage Server Class Certificate. If this is a renewal, the certificate is not necessary.

Check all that apply:

□ Operator License Fee: $75.00

□ Operator and Provisional License: $90.00

□ Temporary Operator License Fee: $21.00

Date Needed:_____ _____

Event Name:_____

Total Due(Non-Refundable): _____

APPLICANT_____
Last First Middle Maiden/Alias

HOME ADDRESS_____
Street Address City State Zip

PREVIOUS ADDRESS_____
Street Address City State Zip

DATE OF BIRTH _____ AGE (At time of application) _____ HM. PH. #_____

CELL PH .#_____E-MAIL ADDRESS _____

DRIVER'S LICENSE or WISCONSIN ID #_____ STATE ISSUED_____

PLACE OF EMPLOYMENT UNDER THIS LICENSE_____PHONE _____

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OU OF WISCONSIN? INCLUDE **ALL** TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- FELONIES (No date limit) YES NO
- MISDEMEANORS (No date limit) YES NO
- LOCAL ORDINANCE OFFENSES (PAST **10** YEARS) *Do not list traffic or parking violations* YES NO
- ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

LIST DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)
BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY.

VIOLATION	DATE	LOCATION	GUILTY/DISMISSED

APPLICANTS MAY BE DENIED FOR INCOMPLETE OR INACCURATE FORMS. ALL ITEMS MUST BE COMPLETEI ALLOW 3 WEEKS FOR PROCESSING.

X_____
Applicant Signature

X_____
Notary Public – State of Wisconsin County of Brown SUBSCRIBED AND SWORN TO BEFORE ME THIS ___ DAY OF _____20_____.

Official Use Only- Date Received: _____ Receipt#: _____ Approval Date: _____ License# _____

- **De Pere Police finds no reason why this license should not be issued.**
- **De Pere Police cannot recommend this application for the reasons in attached report.**

Comments:_____

_____

De Pere Police Dept. Authorized Signature: _____ Date: _____

Attachment: Draft 03-11-14 Operator License Application (1974 : Consideration of a new Operator License Application.)

□ NEW □ RENEWAL

70
$32.00 Annual Fee .

SINCE 1843 Town of Brookfield Commerce & Community

OFFICIAL TOWN USE ON

CH-4

License No. _____

Pymt. Received □ Rcpt #
ID on file □
Temp. Issued □ Exp._____
Class Cert. Rec'd □

APPLICATION FOR OPERATOR'S LICENSE

INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY: PLEASE PRINT NEATLY. PROVIDING INACCURATE INFORMATION, OR OMITTING INFORMATION FROM THIS APPLICATION WILL RESULT IN DENIAL OF THIS APPLICATION, AND THE FULL $32.00 FEE WILL BE CHARGED UPON RE-APPLICATION.

Name of Applicant: _____
(First) (Middle) (Last)

Maiden / Previous Name or Alias: _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Telephone: _____ Email: _____

Driver License No. _____ State: _____ Expiration: _____

Date of Birth: _____ Age: _____ Circle One: Male / Female

Place of Employment as a Bartender/Server/Seller: _____

Have you taken the Responsible Beverage Service class in the last two years? Where? _____

Have you held an Operator License in Wisconsin within the last two years? Where? _____

List **ALL** tickets and violations (Federal, State or Local) **INCLUDING** traffic violations, underage alcohol or drug offenses. Include pending violations & any charges that may have been dismissed. Your answers and/or omissions will be checked and verified by the Town of Brookfield Police Department. **Failure to list all violations will result in denial of your application.**

Violation:	Where:	Date

(Continue on back of form if necessary)

70

***** I understand that failure to list all violations will result in the denial of this application and that the full $32.00 fee will be charged upon re-application.*** _____ *(please initial)*

To the Town Board of the Town of Brookfield, Wisconsin:
I, the undersigned, do hereby make application to the Town Board of the Town of Brookfield for an Operator's License to serve or sell fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and Town of Brookfield Ordinances from the date hereof until June 30, 2014.

I certify that all of the information provided on this application is true and correct to the best of my knowledge. I give the Town of Brookfield permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature of Applicant: _____ Date: _____

Background Check Conducted On: _____ By: _____ Recommendation: APPROVE / DENY

NOTES: _____

40

"...meeting community needs .....enhancing the quality of life"

FEES ARE NON-REFUNDABLE		Date Recv'd ___/___/___
☐ Operator License	$60.00	Acct. 11030.4307
☐ Operator License Plus a provisional	$75.00	Acct. 11030.4307
☐ Investigation fee	$ 7.00	Acct. 100.2359
Total fee paid $_____		Receipt _____

☐ Original Application
☐ Renewal – License #_____

15

15

LICENSE APPLICATION
for
OPERATOR'S (BARTENDER'S) LICENSE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)			Maiden
Street Address	City	State	Zip
Driver's License Number			State License Issued In:
Date of Birth	Sex	Home Phone Number	Cell phone Number
Name and Address of Establishment you will be selling alcohol			

SECTION 2 – CONVICTION RECORD

Have you EVER had an Operator's (Bartender's) License? ☐ YES ☐ NO
If Yes; where? _____
Have you EVER been convicted of a felony? ☐ YES ☐ NO
If Yes; when, where and what type of violation? (Please be specific)_____
_____
Have you EVER been convicted of a misdemeanor or ordinance violation? ☐ YES ☐ NO
If Yes; when, where and what type of violation? (Example: speeding, OWI) _____
_____

SECTION 3 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
Signature_____

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
POLICE				

Date sent to APD	Scheduled FVTC Class	Class Completion Date	Current other license:	
___/___/___	___/___/___	___/___/___	Muni_____	#_____
Safety and Licensing	**Common Council**	**Date Issued**	**Expiration Date**	**License Number**
___/___/___	___/___/___	___/___/___	___/___/___	

Last increase adopted 11-21-2012 *Reasonable accommodations for persons with disabilities will be made upon request and if feasible.*

Return application to: City Clerk, 100 N. Appleton Street, Appleton, WI 54911-4799

Attachment: Examples of one-page applications (1974 : Consideration of a new Operator License Application.)

City of Waukesha

AAC:_____

Bartender License #_____

For license period ending _____ / *Fee: $82.00 (Reapply fee: $20)*

APPLICATION FOR LICENSE TO TO SERVE/SELL FERMENTED MALT BEVERAGES & INTOXICATING LIQUORS

TO: ORDINANCE & LICENSE COMMITTEE / COMMON COUNCIL

APPLICATION IS HEREBY MADE FOR A BARTENDER'S (OPERATOR'S) LICENSE ON BEHALF OF:

A. APPLICANT INFORMATION

Name of Applicant:_____
(First) *(Middle)* *(Last)*

Maiden Name or Other Names Known By:_____

Home Address:_____ Apt./Unit #_____

City:_____ Zip Code_____ Contact Number:_____

If residing at the above address for less than three (3) years, please provide previous address:

_____

Date of Birth:_____ Check one: _____Male _____Female

B. VIOLATIONS – Please Read Carefully!

List **ALL** tickets and violations (Federal, State and City) **INCLUDING** speeding & other traffic violations from age 18 to present, including pending violations & charges that were dropped. *FAILURE TO LIST ALL VIOLATIONS WILL RESULT IN THE REJECTION OF THIS APPLICATION & A $20.00 FEE WILL BE CHARGED UPON REAPPLICATION.

VIOLATION	CITY	DATE

**Continue on back of form if necessary.*

- ***I understand that failure to list all violations may result in the rejection of this application.*** _____ *(please initial)*

C. EMPLOYMENT

Place of employment as a bartender or seller of alcohol:_____

D. SIGNATURE – To be signed in the presence of a Notary Public!

I solemnly swear (or affirm) under penalty or perjury that the statements in this document are the truth, the whole truth and nothing but the truth.

☒ _____
Signature of Applicant

Subscribed and sworn to before me this

_____ day of _____, 20___

_____
Notary Public, State of Wisconsin

My Commission expires:_____

Office Use Only!

☐ Temp. Approved ☐ Temp. Denied

Common Council Date:_____

Temp License Mailed:_____

Final License Mailed:_____

Attachment: Examples of one-page applications (1974 : Consideration of a new Operator License Application.)

Village of Big Bend, Wisconsin

License to Serve Fermented Malt Beverages and Intoxicating Liquors

To the Board of the Village of Big Bend, Wisconsin:

I hereby apply for a license to serve, from date hereof to June 30, 2016, 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.

Name of Applicant _____
Last First MI

I certify that I am _____years of age. Birth Date_____

Address_____
City/Zip Code

Phone (_____)_____Maiden or Other Name(s)_____

Have you been convicted of violating any law(s) of the State of Wisconsin or the United States? Yes/No

Have you been convicted of violating any law or ordinance which regulates the sale of fermented malt beverages or intoxicating liquors? Yes/No

If yes to either of the above listed questions, please complete below:

Date_____Offense_____Jurisdiction_____
County/State

Date_____Offense_____Jurisdiction_____
County/State

Date_____Offense_____Jurisdiction_____
County/State

I will be bartending at:_____in Waukesha County.

Signature of Applicant_____Date_____

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for a license to serve fermented malt beverages and intoxicating liquors; that all the statements made by the applicant are true.

Subscribed and sworn before me the _____day of _____, 2014.

_____ County of Waukesha
Notary Public Commission Expires_____

2013-2015
LICENSE APPLICATION for 2 YEAR OPERATOR'S

SECTION 11.010
CITY OF MANITOWOC

Date Pd
Receipt #

License #_____
License fee: $55.00 *FEES ARE NON-REFUNDABLE*
~~Code: COP2 & COP2-PD~~

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)			Maiden Name
Street Address	City	State	Zip
Driver's License		State Licenses Issued In	
Date of Birth	Age	Sex	Telephone Number

Name and Address of Establishment Where Using This License

Have you had an Operator's (Bartender's) License or were you an agent for a licensed premise in the past two years?
Yes ◯ No ◯
If Yes; where?_____
If No; submit Wisconsin Beverage Server Course Certificate with this application. Certificate attached? Yes ◯ No ◯

SECTION 2 – CONVICTION RECORD

PLEASE BE ADVISED THAT A POLICE RECORD CHECK WILL BE CONDUCTED ON ALL APPLICANTS. OMISSION OR FALSIFICATION OF INFORMATION ON THIS APPLICATION IS GROUNDS FOR DENIAL.

Have you EVER been convicted of a felony? Yes ◯ No ◯
If Yes; when, where and what type of violation? (Please be specific)

Have you EVER been convicted of a misdemeanor, ordinance violation or traffic offenses? Yes ◯ No ◯
If Yes; when, where and what type of violation? (Example; OWI, disorderly conduct, retail theft, sale of alcohol to underage person)

SECTION 3– PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Failure to answer any of the above questions truthfully will be considered grounds for denial of this license application. The applicant certifies that he/she is familiar with the laws and regulations pertaining to the sale of alcoholic beverages. Signer agrees t observe the provisions of the Manitowoc Municipal Code and Wisconsin Statutes.
Signature of Applicant:

STATE OF WISCONSIN)
MANITOWOC COUNTY (ss
The above named applicant being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator' license; that all the statements made by the applicant are true.
Subscribed and sworn to before me this _____ day of _____, 20____.

_____My commission expires_____
Notary Public, Manitowoc Co., Wisconsin

FOR OFFICE USE ONLY

Chief of Police Recommendation: Grant ☐ Deny ☐	Made By:
Beverage Server Course Completed ? Yes ☐ No ☐	Date Council Grants License: Last License expired:

Attachment: Examples of one-page applications (1974 : Consideration of a new Operator License Application.)

APPLICATION
FOR BEVERAGE AND INTOXICATING LIQUOR
OPERATOR'S LICENSE

Operator's License	$20.00	**For Office Use Only**		
New _____	(Copy of Current Drivers License & Responible Servers Course)		**Provisional** _____	$20.00
Renewal _____	(Fees include background check)		**Temporary** _____	$20.00

In accordance with Chapter 125 of the Wisconsin Statutes,

I, the undersigned, do hereby respectfully make application to the Town Board of the Town of Lawrence for a Beverage and Intoxicating Liquor Operator's License for the year ending June 30th, 20 _____

Name _____ Date of Birth _____
(Last) (First) Middle

Address _____ Phone # _____
(Street) (City) (Zip)

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____

Driver's License # _____ State _____ Maiden Name _____

List previous places of residence within the last 5 years by City, County & State _____

_____

Is this a **RENEWAL** Operators License for the Town of Lawrence? _____

Where will you be employed as an operator? _____

Have you ever been convicted of a felony, misdemeanor, ordinace violation or an OWI / DUI? _____

If answer is yes, list date, place and offense(s): _____

_____

I understand that submitting false information or omitting information shall be cause for denial or revocation. I also understand the license fee is not refundable except in cases where the Town does not approve the license.

I further certify that I am familiar with the laws and regulations pertaining to the sale of Fermented Malt Beverages and Intoxicating Liquor under Class "A" and Class "B" Licenses and I hereby agree, if granted said license, to obey all provisions of said laws, ordinances and regulations.

Date _____ Approved:

Signature _____ By: _____
(Applicant) Hobart / Lawrence Police Department

MUNICIPAL CODE SECTION 12.132(2)(B) requires that every applicant must disclose on his/her application for any license with the Town of Lawrence any and all amounts of money owed to the Town of Lawrence, the Hobart/Lawrence Police Dept. or the Hobart/ Lawrence Municipal Court by him/her. Any applicant failing to disclose such debts shall have his/her license revoked.

I hereby certify that I do not have any outstanding debts owed to the Town of Lawrence, the Hobart/Lawrence Police Dept. or the Hobart/Lawrence Municipal Court.

_____
Signature of Applicant

Attachment: Examples of one-page applications (1974 : Consideration of a new Operator License Application.)

Village of Campbellsport, PO Box 709, Campbellsport, WI 53010
www.campbellsportgovoffice.com – (P) 920-533-8321 (F)920-533-5298

APPLICATION FOR OPERATOR'S LICENSE

Request: ❑ **Renewal-$30.00** ❑ **New-$35.00**

LAST NAME	FIRST NAME	M	DATE OF BIRTH

DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE

HOME ADDRESS	CITY	STATE	ZIP

DAYTIME PHONE (Include Area Code)	E-MAIL

PLACE OF EMPLOYMENT	EMPLOYER PHONE (Include Area Code)

I certify that:

- I have held an operator's, premises or manager's license within the past two years (***if in another municipality other than the Village of Campbellsport, proof is required***), have completed the "Responsible Beverage Server's Training Course" (***certificate is required***)
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.

Have you ever been convicted of a felony? ❑ **No** ❑ **Yes**

If so, state date, nature of offense and location:

Date	Nature of Offense	Location: City, County and State

Have you been arrested or cited for any other offenses? ❑ **No** ❑ **Yes**

If so, state date, nature of offense and location:

Date	Nature of Offense	Location: City, County and State

I do hereby make application for an operator's license from the date hereof to June 30, 20___, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes and Campbellsport Municipal Code, and all acts amendatory thereof and supplementary thereto.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Subscribed and sworn to me this _____ day of _____, 20___.

Notary Public _____ Applicant's Signature _____

County _____

Commission Expires _____

FOR OFFICE USE ONLY

Receipt #	License # (New/Renewal)	Disposition of Investigative Check

APPLICATION FOR
ALCOHOL BEVERAGE OPERATOR'S LICENSE

I hereby make application with the Town of Fulton, County of Rock, in the State of Wisconsin, for an Operator's License as provided by Town Ordinance and amendments thereto, to sell Fermented Malt Beverages and Intoxicating Liquors in the Town of Fulton, the same to expire on the 30th day of June _____.

******* Note: You must be current with all monies owed to the Town of Fulton. *******

DATE: _____ ***NOTE – NO REFUNDS GIVEN*** **PHONE: _____**

NAME: _____
LAST FIRST MIDDLE

ALIAS: _____ MAIDEN NAME: _____

The following information is required to run a criminal history and driving record check:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RACE: _____

DRIVER'S LICENSE NUMBER/ STATE: _____ (CIRCLE) MALE FEMALE

CURRENT RESIDENCE: _____

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)_____

PREVIOUS ADDRESS: _____

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES YOU HAVE INCURRED DURING THE PAST FIVE (5) YEARS. DO NOT INCLUDE ANY TRAFFIC OFFENSES FOR WHICH THE PENALTY IMPOSED WAS LESS THAN $50.00.

_____

_____

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my Operator's License upon demand, due to any false statements upon this application.

_____
Applicant's Signature

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

FOR OFFICE USE ONLY:
Regular License _____ 60 day Provisional License _____ 60 Day Expiration Date: _____
Amount Paid: _____ New _____ Renewal _____ Special Event Temporary _____
Attended the required educational course _____ Copy of certificate attached _____

POLICE DEPARTMENT BACKGROUND CHECK DONE BY_____, DATE_____

APPROVAL BY TOWN BOARD:
Date: _____

Revised 7/09

TOWN OF WASHINGTON
EAU CLAIRE COUNTY, WISCONSIN

5750 Old Town Hall Road
Eau Claire WI 54701
(715)834-3257
Fax (715)834-3325
www.townofwashington.org

Reserved for Office Use

Temp #T _____ License #OL _____

Class _____ Background Check _____

$25.00
We accept only
cash or checks

APPLICATION FOR BARTENDERS LICENSE

PLEASE PRINT

1. Name _____ _____ _____
   First M Last
2. Address _____ _____ _____ _____
   Street City State Zip
3. Phone No. _____ Date of Birth: _____
4. Name of Employer _____
5. Were you issued a bartender's license from the Town last year? Yes _____ No _____
6. Have you received a temporary license within the last year? Yes _____ No _____
7. Have you completed a Bartenders Awareness Training Class? Yes _____ No _____

~ If you did not have a bartender's license with the Town last year, ATTACH A COPY OF THE TRAINING CERTIFICATE OR CARD of COMPLETION ~

8. Have you ever been convicted of violating law(s) of the State of Wisconsin or of the United States? Yes _____ No _____
9. Have you ever been convicted of violating license law(s) or ordinance(s) regulating the sale of alcoholic beverages? Yes _____ No _____
10. If you answered YES to questions 8 or 9, complete the questions below. (If more space is needed, use the back of this form)
11. Date of conviction(s) _____
    Name of Court _____
    Outcome _____
    Nature of Offense _____

APPLICANT'S STATEMENT

I hereby certify that the answers on the above application are complete, true and correct to the best of my knowledge and belief. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin and with all the provisions of the Municipal Code of Ordinances of the Town of Washington.

Be aware that the Eau Claire County Sheriff's Department will be contacted to verify the information on this application. If any information is not complete or correct, it is possible that this application would be denied.

_____
Applicant's Signature

Revised 6-10

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

For License Period Ending June 30, 2014 ~ Unless Sooner Revoked

☐ New $30.00 ☐ Renewal $25.00 ☐ Provisional $10.00
(Expires 60-days after date issued)

PLEASE TYPE OR PRINT IN INK ~ ***Incomplete or incorrect information may lead to denial of this license request***

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name or Other Names Known By: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (_____) _____

Date of Birth: ____/____/_____ Age: _____ Drivers License Number: _____

How long have you continuously resided in Wisconsin prior to this date? _____

Place of Employment as Bartender: _____

Have you ever been TICKETED, ARRESTED, CONVICTED or FINED for ANY VIOLATION of FEDERAL, STATE or MUNICIPAL LAWS – including FELONY, MISDEMEANOR, CIVIL OFFENSES and ALCOHOL RELATED TRAFFIC OFFENSES? ☐ No ☐ Yes
(If "yes", give date, municipality, and violation. Use a separate sheet if additional space is needed)

Date: ____/____/_____ Municipality: _____ Violation: _____

Date: ____/____/_____ Municipality: _____ Violation: _____

Date: ____/____/_____ Municipality: _____ Violation: _____

READ CAREFULLY BEFORE SIGNING: The undersigned, being first duly sworn on oath says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned hereby agrees to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of fermented malt beverages and intoxicating liquors if a license is granted and further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant: _____ Date: ____/____/_____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature: _____ My Commission Expires: ____/____/_____

All fees are to be paid upon application. Verification of having completed the Beverage Server Training course must be presented prior to a Regular Operator's License issuance according to Wisconsin § 125.17(6). A letter of employment is required from the licensed agent of the establishment. One form of identification is also necessary.

For Staff Use Only: Receipt Number: _____ Amount Paid: $_____ Date: ____/____/_____

Approval/Denial Date: ____/____/_____ Date Issued: ____/____/_____ License Number: _____

Other: _____

City of Pewaukee ~ W240 N3065 Pewaukee Road ~ Pewaukee, Wisconsin 53072
Phone (262) 691-0770 ~ Fax (262) 691-1798

Revised 04/15/2013