



Reserved for Office Use

Temp #T _____ License #OL _____
Background Check on _____

\$35.00 Non-refundable
Copy of Photo ID required

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

APPLICATION FOR BARTENDER OPERATOR LICENSE

PLEASE PRINT LEGIBLY

Name _____
First M Last

Former and/or Maiden Name(s) _____

Address _____
Street City State Zip

Phone No. _____ Date of Birth: _____ Male Female

Name of Business for Bartender License _____

***Applicant MUST check one of the following requirements:**

1. I have had a license with the Town of Washington within the last two years.
2. I completed a Responsible Beverage Server Training Course:
 - YES Copy of certificate must be attached (must have been completed within the last two years)
 - NO Copy of verified enrollment must be attached (license will be issued upon proof of completion)
3. I hold a valid Bartender Operator License from another Wisconsin municipality:
Copy of license must be attached (must be within the last two years)

**Provisional license is issued to a person who has completed the Responsible Server Training Course; valid for up to 60 days or until a regular license is issued. 3 day waiting period before issuing to conduct a background check.*

Have you ever been convicted of violating law(s) or ordinances at the federal, state, or local level?
(list all violations with the exception of traffic violations that are not related to alcohol or drug offenses)

LIST EVERYTHING, INCLUDING UNDERAGE DRINKING

Yes _____ No _____ If yes, list offense and date of offense _____

Are there any charges pending against you for violating law(s) or ordinances at the federal, state, or local level?

INCLUDING UNDERAGE DRINKING

(list all violations with the exception of traffic violations that are not related to alcohol or drug offenses)

Yes _____ No _____ If yes, list offense and date 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.

I understand that law enforcement will complete a records check to verify the information on this application.

If any information is not complete and/or accurate, application may be denied

Applicant's Signature

Date