



Operator/Bartender License Application

Please Print

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

Address: _____ Phone: _____

City, State, Zip Code: _____

Former Address: _____

Where will you be employed as a beverage operator? _____

Answer the Following Questions Completely	Yes	No/NA
1. Have you provided the Village with proof that you attended Responsible Beverage Servers Class or a copy of a previous operator's license? (Attach a copy of the responsible beverage class certificate or copy of previous license to this application)		
2. Have you been convicted of a felony, misdemeanor, ordinance, or other offenses including traffic violations? (If yes, please explain below)		

Enter ALL arrest and conviction information, including dates, here. Also include any current charges that are pending:

I certify that the information above is true and correct and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual law offender. I understand that I must have completed a responsible beverage service course or held an operator's license, retail liquor license, or manager's license within the last two years to qualify for issuance of a license. I further understand that the Village of Biron has a policy of denial of licenses for certain violations of the law. I further certify that I am familiar with or will become familiar with prior to issuance of a beverage operator license, the laws, ordinances, and regulations pertaining to the sale of alcohol beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations.

Applicant Signature Date

Submit the completed application along with the non-refundable license fee of **\$25.00**, a copy of your driver's license, and a copy of your Responsible Beverage Servers Class certificate to the **Clerk, Village of Biron, 451 Kahoun Road, Wisconsin Rapids, WI 54494**. Make checks payable to: Village of Biron

<u>For Office Use Only</u>
NEW APPLICATION
Board Meeting Date _____
Course Completion Date _____
License # _____
Comments _____

<u>For Office Use Only</u>	
<input type="checkbox"/> 12 month	\$25.00
<input type="checkbox"/> Provisional license (good for 60 days)	\$10.00
Fee Amount Paid	_____
Check # or Cash	_____
Date Paid	_____