



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

BEVERAGE OPERATOR'S (BARTENDER) LICENSE APPLICATION

NEW: RENEWAL: FOR LICENSE PERIOD EXPIRING JUNE 30, 20____

All bartender licenses in the City of Tomah expire on June 30 of even numbered years. The pro-rated scale is as follows:

- 2-year license (July-December) \$50 18-month license (January-June) \$30
 12-month license (July-December) \$20 6-month license (January-June) \$15

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

PREVIOUS NAME(S) USED (if applicable): _____

DL NUMBER: _____ STATE ISSUED: _____ DOB: _____

ADDRESS: _____

HOME/CELL: _____ WORK: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

Please answer the following questions regarding offenses which substantially relate to the circumstances of the licensed activity:

1. Have you had any non-felony alcohol-related convictions or pending charges within the last 12 months?
YES: NO:
2. Do you have a history (2 or more) of non-felony alcohol-related convictions as long as the most current conviction or arrest is within the last 24 months?
YES: NO:
3. Have you had any non-felony drug-related convictions or pending charges within the last 12 months?
YES: NO:
4. Have you had any non-felony convictions or pending charges within the last 36 months, which



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

involve resisting arrest, battery to a police officer, or obstructing justice in direct connection to activity at a licensed alcohol establishment?

YES: NO:

5. Have you had two or more non-felony convictions or pending charges in the last 24 months for disorderly behavior type offenses that occurred in direct connection to activity at a licensed alcohol establishment?

YES: NO:

6. Have you had any felony convictions in the last 10 years involving alcohol or drugs?

YES: NO:

7. Do you presently have any outstanding fines, forfeitures, penalties, assessments or user fees owed to the City of Tomah?

YES: NO:

If you have answered yes to any of the above questions, list the date of the incident, the charge, and exact location of arresting agency.

DATE	CHARGE	LAW ENFORCEMENT AGENCY
------	--------	------------------------

Have you taken the Responsible Beverage Service Course? YES: NO:

NAME OF CLASS: _____

DATE OF COMPLETION: _____

REQUIRED APPLICATION ATTACHMENTS TO BE SUBMITTED BY APPLICANT

Beverage Server Certificate of Completion and/or current license from WI municipality

Application fee (checks or money orders may be made payable to City of Tomah)



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

CERTIFICATION

I hereby certify and affirm that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license and may result in criminal prosecution. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand that the Police Department will do a record check from the Wisconsin Crime Information Bureau (CHRI), the Department of Transportation and a local records check based on my application. I hereby authorize the release of any and all records, including juvenile matters, which are requested by the Police Department in its investigation and hereby consent to the disclosure of said information.

APPLICANT SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Processed by: _____ Receipt Number: _____ Date: _____

Record check done by: _____ Date: _____

Approved: Denied: (See attached reason for denial)

Chief of Police signature: _____ Date: _____

City Clerk signature: _____ Date: _____

License number: _____