

TOWN OF RUBICON 262-673-3413

N3864 COUNTY ROAD P

PO BOX 105

RUBICON WI 53078

License Expires June 30,

Clear Form

OPERATOR LICENSE APPLICATION

Filling out your application

- All applications must include: a copy of a valid WI driver's license or state issue ID, and a copy of a certificate of completion for the Responsible Beverage Service Course within the last two years, or an operator's license issued within the last two years from another Wisconsin municipality must be provided. (You can find approved courses at www.revenue.wi.gov/training/alcSellerServer.html).
- If you need an Operator's License immediately, you may also apply for a Provisional License which will be valid for 60 days or until your Operator's License is issued, whichever is sooner. If you have not completed the Responsible Beverage Server's Course, you may provide proof of enrollment in the course to obtain a Provisional License. You will be required to provide proof of completion of the course before you will receive your Operator's License. Failure to complete the course will result in a loss of the Operator's License.

Review of your application

- The Police Department will perform a background check before any operator license is granted, including Provisional and Temporary Licenses.

OPERATOR LICENSE FEES

<input type="checkbox"/>	License Fee (OPR)	\$20
<input type="checkbox"/>	Provisional (OPR)	\$15
<input type="checkbox"/>	Temporary (OPR) Dates Valid: _____	\$20
<input checked="" type="checkbox"/>		
<input type="checkbox"/>	Total Due	

IF YOUR APPLICATION SHOULD BE DENIED BY THE TOWN BOARD, YOU CANNOT RE-APPLY UNTIL ONE YEAR AFTER THE DENIAL.

FEES ARE NON-REFUNDABLE.

First Name	M.I	Last Name	
Residence- Street Address		City	State Zip
Mailing Address if Different		Phone	Date of Birth
Driver's License Number/State		Email Address:	
Previous Address (If Address has changed within the last 2 years)			
Name of Licensed Establishment where Employed with Street Address			

I hereby apply for a license to serve fermented malt beverages and or intoxicating liquors, from the date approved to June 30 of the licensing year applied for inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and Town Ordinances. 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 omissions or false answers on this application will result in automatic denial. If denied, your provisional license is revoked. The fees that have been paid will not be refunded.

Applicant Signature _____

Date _____

For Office Use Only:

Date: _____ Initials: _____ Amount Paid: _____ Proof of RBS Course (y/n): _____ Town Board Approval Date: _____
 Criminal History & Driving Record Check Completed Date: _____ Police Dept: _____ Approve or _____ Deny _____ Attach basis for denial).
 Police Chief or Designee Approval: _____ Town Clerk Approval: _____

Arrest and Conviction Record

Since your 17th birthday, have you ever been convicted of a felony or misdemeanor? (Including criminal traffic offenses)	<input type="radio"/> Yes	<input type="radio"/> No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted by a military court-martial?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of disorderly conduct that involved violence against another person?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any pending citations, tickets, or criminal charges? If yes, list below.	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any past citations, municipal/ordinance violations or criminal convictions (excluding parking tickets)? If yes, list below.	<input type="radio"/> Yes	<input type="radio"/> No

List Any Pending Citations Tickets, or Criminal Charges

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

List All Citations, Tickets, Municipal /Ordinance Violations and Criminal CONVICTIONS

(Excluding Parking Tickets). Attach additional paper if necessary.

PARAMETERS FOR DENIAL OF AN OPERATOR'S LICENSE (BARTENDER LICENSE)

If you have **three or more convictions** of the offenses listed or a combination of two or more convictions of the offenses, your application **will be recommended for denial**. Any **FELONY** conviction **WILL** be an automatic denial.

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

The Police Chief and Clerk will review applications and submit recommendations to the Town Board for either approval or denial, at regularly scheduled Town Board meetings. **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 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 Board for further review.

I hereby acknowledge that I read and understand the Parameters for Denial of an operator's license.

Signature _____ Date _____