



Town of Brooklyn

N5988 County Road A | Green Lake, WI 54941
(920) 294-6600 | clerk@tn.brooklyn.wi.gov | www.townofbrooklyn.com

APPLICATION FOR BARTENDER OPERATOR LICENSE

\$50.00 Non-refundable **Copy of Photo ID required**

Check one:

Renewal Application _____ New Application _____

Name _____
First M Last

Driver's License # _____ Expires _____

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:

- ☐ I have had a license with the Town of Brooklyn within the last two years.
- 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)*
- ☐ I hold a valid Bartender Operator License from another Wisconsin municipality:
Copy of license must be attached (must be within the last two years)

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)

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

YOU MUST LIST EVERYTHING,
INCLUDING UNDERAGE DRINKING

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

APPLICANT'S STATEMENT

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

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 Brooklyn.

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

Applicant's Signature - in the presence of Town staff _____ Date _____

Date Paid _____ Application fee: Check _____ Cash _____ (No Credit Cards)

Received by _____

For Office Use Only