

Items required with application

- \$10.00 check fee (non-refundable)
- Copy of driver's license or other government-issued photo ID
- Copy of responsible beverage server course certificate
- Copy of current operator's license or proof that you completed a responsible beverage server course within the past two (2) years or that you currently hold a valid Wisconsin operator's license

APPLICATION FOR OPERATOR'S LICENSE

Please be sure this application is complete and signed.

1. Applicant Information

Last Name: _____

First Name: _____ Middle Name/Initial: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email: _____

Previous Name: _____ Date of Birth: _____

Driver's License/State ID #: _____

Are you a Wisconsin Resident? Yes No

2. Eligibility Questions

Are you at least 18 years of age? Yes No

Have you ever been convicted of **violating any laws** in the State of Wisconsin or the United States?
Yes No

Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors, including underage sales/service? Yes No

Have you had an operator's license revoked or denied in Wisconsin or any other state? Yes No

If yes to any of the above questions, please describe below (include dates, nature of offence, etc.)

3. Employer / Licensed Premises (if applicable)

Business/Establishment Name: _____ Business Phone: _____

Business address (street, city, state, ZIP): _____

Position/Role: _____ Start Date (if known): _____

4. Responsible Beverage Server Training

Responsible beverage server training completed? Yes No

Training provider/course name: _____ Completion date: _____

Certificate/ID # (if any): _____

5. Applicant Certification & Signature

I certify that the information in this application is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation may result in denial or revocation of an operator's license and may subject me to penalties under applicable law.

Applicant signature: _____ Date: _____

6. Town of Bergen — Clerk Use / Verification

Application received date:	Fee received: <input type="checkbox"/> Yes <input type="checkbox"/> No (Amount: \$10.00)
Operator's license #:	Issued date:
ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Training verified (if required): <input type="checkbox"/> Yes <input type="checkbox"/> No
Background/records check completed (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No	Council/Board action date:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	License period (dates): _____ to _____
Town Clerk/Deputy Clerk signature:	

Note: Requirements and fees may vary by municipality. The licensee must be prepared to present the operator's license upon request and comply with all applicable local ordinances and Wisconsin law.