


TOWN OF MILTON – BUFFALO COUNTY, WI
APPLICATION FOR AN OPERATOR’S (BARTENDER’S) LICENSE

YOU MUST COMPLETE BOTH SIDES OF THIS APPLICATION FORM

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Milton, County of Buffalo, Wisconsin, for an “Operator’s” License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending June 30, 201___. Enclosed is the license fee of **\$10.00 and the background check fee of \$7.00.** I authorize the Town of Milton to perform a background check on me.

I certify that I am _____years of age. My date of birth is ____-____-____. I am familiar with the laws, ordinances and regulations. I hereby agree if granted said license, to obey all provisions of said laws. I have fully disclosed my criminal history on the reverse side of this application, have not been convicted of a felony and have not been classified as a “habitual law offender.”

Check one of the following boxes:

- I am a new applicant and have successfully completed an approved beverage server training course and have attached verification thereof.
- I have held an operator’s license in a municipality previously.
Name of Municipality:_____ Date License Expired:_____ 

Print Name

- I have enclosed an additional \$5.00 for a provisional license which will allow me to bartend until the Town Board can consider and act upon my application for a regular license.

Signature

Address _____
City _____ State ____ Zip _____
Employing Agency _____


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APPLICATION FOR OPERATOR'S LICENSE (Cont.)
REPORT OF CONVICTIONS/PENDING CHARGES

1. Have you been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
2. Do you have any charges pending for any offenses (excluding traffic offenses not related to alcohol)? Yes No

If your answers to either 1 or 2 is No, STOP here. If yes, complete the below information and use additional pages if necessary:

Type of Charge (e.g. Forgery, Domestic Assault)	Statute Number	Date of Offense	Location of Offense (City or County and State)	Pending Charge or Conviction?	Level of Offense (e.g. Felony, Misdemeanor)

Please note that failure to make a complete disclosure on this license application may be grounds for a denial of an Operator's License.

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