

# TOWN OF PLUM LAKE

## APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

PO Box 280, 8755 Lake St.

Sayner, WI 54560

715.542.4531

[office@plumlakewi.gov](mailto:office@plumlakewi.gov)

[www.plumlakewi.gov](http://www.plumlakewi.gov)

### **PLEASE COMPLETE BOTH PAGES OF APPLICATION BEFORE SUBMITTING**

#### **RESPONSIBLE ALCOHOL SERVER TRAINING:**

Within the last two (2) years, did you have, complete or were you one of the following:

- \_\_\_\_\_ Successfully completed a Responsible Alcohol Servers Course. If yes, verification/ID number: \_\_\_\_\_
- \_\_\_\_\_ Are you currently scheduled to take a Responsible Alcohol Servers Course? If yes, when? \_\_\_\_\_
- \_\_\_\_\_ An Operator's License issued in Wisconsin. If yes, location: \_\_\_\_\_
- \_\_\_\_\_ Alcohol agent for a retail alcohol license. If yes, name of retail alcohol license location: \_\_\_\_\_
- \_\_\_\_\_ Sole proprietor of a retail alcohol license. If yes, name of retail alcohol license location: \_\_\_\_\_

#### **EXPIRATION DATE:**

All Operator's Licenses, with the exception of Provision Licenses (60 days maximum), will expire on June 30, 2025.

Under penalty of law, I swear that the information in this application is true and correct to the best of my knowledge and belief. I will comply with all laws, resolutions, ordinances, and regulations, state, federal, and local, affecting the sale of alcohol beverages, if a license is granted to me. I understand that my license may be suspended, revoked, or not renewed due to non-compliance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only Circle:**                      New/Renewal: \$57.00                      Provisional: \$15

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Copy of Training Certificate: \_\_\_\_\_

Copy of Driver's License: \_\_\_\_\_

DOJ Background Check Reviewed: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

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**REGULAR 2-YEAR LICENSE FEE \$57** (Cost of License \$50 + Cost of Background Check \$7)

**PROVISIONAL LICENSE FEE \$22** (Cost of License \$15 + Cost of Background check \$7)(Good for 60 days or until Town Board Meeting)

### **APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ MAIDEN/OTHER NAME: \_\_\_\_\_  
(PLEASE PRINT – INCLUDE MIDDLE NAME)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LIC #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: **F** **M** EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Name/Address of Establishment where you will be working: \_\_\_\_\_

### **ARREST AND CONVICTION RECORD INFORMATION:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, WHEN, WHERE AND WHAT TYPE OF VIOLATION (BE SPECIFIC)? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR ORDINANCE VIOLATION? YES NO

IF YES, WHEN, WHERE AND WHAT TYPE OF VIOLATION (BE SPECIFIC)? \_\_\_\_\_

DO YOU HAVE ANY CRIMINAL OR ORDINANCE CHARGES PRESENTLY PENDING AGAINST YOU?

YES NO

IF YES, WHAT TYPE OF VIOLATION (BE SPECIFIC)? \_\_\_\_\_

Wisconsin Law prohibits the granting of an operator's license to a person who has an arrest or conviction record if the circumstances of the charge or conviction substantially relate to the circumstances of the job for which the license is required. A background check will be conducted, and the applicant may be requested to appear before the Town Board for clarification.