

**\*\*\*IMPORTANT INFORMATION\*\*\***

- Applicants must provide a certificate of completion from a Responsible Beverage Server Course taken within the last 2 years or an operator's license within the last two years from another Wisconsin municipality. Approved course information can be found online at <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>
- An Operator's license is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- This application must be **completed legibly, accurately and completely.**
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Clerk's office for clarification.
- Your application will not be processed until you address any unpaid debts owed to the City of Beloit and/or outstanding warrants.

**SECTION 1. LICENSE INFORMATION**

Choose One <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Special Event/Temporary	<b>If you are applying for a New License or a Special Event/Temporary License, have you completed the Responsible Beverage Server Training Course within the last two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'yes', provide a copy of the certificate of completion of the course with this application
Have you held an operator's license in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'Yes', where: _____	
Have you ever had an Operator or any type of alcohol license suspended, revoked, or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide an explanation about the suspension, revocation or denial. Attach additional sheets of paper, if necessary	
Have you read the reverse side of this application which outlines reasons why an application may be denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2. APPLICANT INFORMATION** (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)			Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)			Phone Number	
Social Security Number	Date of Birth	Place of Birth (County/State)	Race	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Driver's License Number/State ID number	State of Issuance	Email Address		
Current Address (also provide mailing address if different from current address)	City	State	Zip Code	
Previous Address	City	State	Zip Code	
Name and Address of Employer where license will be used (if not currently employed, mark "N/A")				

**SECTION 3. ARREST AND CONVICTION RECORD INFORMATION**

This application asks questions regarding past arrests and convictions under federal, state and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

**PENDING CHARGE(S) INFORMATION**

Are there any charges (criminal or ordinance violations) currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	<b>Date of Violation</b>	<b>Location (City/County/State)</b>	<b>Description of Violation</b>	<b>Next Court Date</b>	<b>Status</b>
1					
At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					
For any incident you list, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					

**FELONY CRIMINAL RECORD**

Since your 17 <sup>th</sup> birthday, have you ever been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	<b>Date of Conviction</b>	<b>Location (City/County/State)</b>	<b>Description of Felony Offense</b>		
1					
At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					
For any incident you list, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					

**OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY**

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations)  Yes  No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	<b>Date of Conviction</b>	<b>Location (City/County/State)</b>	<b>Description of Criminal Offense (Non-Felony) or Ordinance Violation</b>	<b>Penalty Imposed</b>
1				
2				
3				
4				
5				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense?  Yes  No  
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol?  Yes  No  
If so, which incident?

**SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE**

The City will start by reviewing the applicant's record for the most recent 5-year period, unless a pattern of conduct exists. In general, if you have 1 offense in the last 3 years or 2 (or more) offenses in the last 5 years, your application may be denied. In particular, convictions of the following offenses will be reviewed. If an applicant has a felony conviction, the application will be denied until the applicant has been duly pardoned.

- Giving false or incomplete information, misinformation or failure to disclose information on the Application
- An arrest or conviction of selling/procuring/giving away alcohol to an underage person (2 or more violations within a 12-month period)
- An arrest or conviction of permitting an underage person on premise
- Conviction of any substance abuse and/or drug offense
- Conviction of operating/driving: (1) under the influence of any alcohol or controlled substance (OWI), (2) with a prohibited alcohol concentration (PAC/BAC), and/or (3) with a restricted controlled substance in your system (RCS)
- Conviction of allowing another person to use your operator's (bartender's) license
- Conviction of selling alcohol to an intoxicated person
- Conviction of selling after closing hours
- Conviction of selling without an alcohol license
- Conviction of any part of Chapter 125, Wis. Stats. relating to alcohol beverages
- An arrest or conviction of a charge related to activities performed while bartending
- A habitual law offender where the circumstances of the charges substantially relate to the licensing activity

Due to the discretionary nature of the alcohol beverage licensing, it is not possible to state every circumstance that may result in approval or denial of an application. To the extent state statutes or ordinances provide additional grounds for denial or non-renewal, the City may rely on such provisions. If an application is recommended for denial, the applicant will be provided a letter stating the reasons for the recommendation. An applicant has the right to appeal the decision by submitting a written request to the City Clerk that states, in detail, the grounds the applicant believes should result in the reversal of the denial. The appeal shall be signed and dated by the applicant. The appeal will be submitted to the ABLCC and the City Council for further review.

**SECTION 5. CERTIFICATION**

\*\*\* PLEASE READ CAREFULLY BEFORE SIGNING\*\*\*

By signing this application, I hereby swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that 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 giving false or inaccurate information or withholding requested information on this application will result in the denial of this application. Further, by my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

I understand that if approved, my license will be sent to my employer if my employer was identified in Section 2. **I further understand that if my application is denied the fees that I paid are non-refundable.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>New/Renewal License</b> (2 year license) <b>\$50.00</b> ; expires _____                                  | <input type="checkbox"/> RBSC completed on _____      | <input type="checkbox"/> Sent to PD on _____    |
| <input type="checkbox"/> <b>New License</b> (partial term if filed after 7/1 of 2 <sup>nd</sup> year) <b>\$35.00</b> ; expires _____ | <input type="checkbox"/> Photo ID checked             | <input type="checkbox"/> Rec'd from PD on _____ |
| <input type="checkbox"/> <b>Provisional License</b> <b>\$15.00</b> ; expires _____   | <input type="checkbox"/> Treas. check sheet completed | <input type="checkbox"/> Lic/Ltr sent on _____  |
| <input type="checkbox"/> <b>Special Event/Temporary License</b> <b>\$7.00</b> ; Date(s) of Event: _____                              |   |   |

**RECOMMENDATIONS / FINAL ACTION**

**Police Dept Action** Date: \_\_\_\_\_  Approved  Denied Chief of Police/Designee Signature: \_\_\_\_\_

**If license is denied, state reason(s) for denial or attach a separate document:**

**City Council Action** Date: \_\_\_\_\_  Approved  Denied Notification to Applicant sent: