

BEVERAGE OPERATOR’S LICENSE (“BARTENDERS LICENSE”)

Section 5.20.100 City of Whitewater Municipal Code

A Beverage Operator’s License is required of persons who wish to work unsupervised at an establishment that sells beer or any alcohol product, whether sold in packaged form or by the glass. Wisconsin Statutes require that a licensed bartender, at least 18 years of age, must be on the premises at all times. No person shall serve alcoholic beverages in any place operated under a retail class “A” or class “B” alcoholic beverage license unless he or she possesses a beverage operator’s license, or unless he or she is under the immediate supervision of the licensee or a person holding an operator’s license who is at the time of such service upon the premises.

City of Whitewater Bartender’s licenses can be obtained by:

1. Completing the Application in full. (Applicant’s signature must be notarized – Notary Service is available in the Administrative offices of City Hall).
2. Submitting the Application and license fee to the Office of the City Clerk.
3. Providing proof of enrollment in, or completion of a Responsible Beverage Server Training Course as approved by the State of Wisconsin.

Once an application is received by the City Clerk, the Police Department runs a Record Check on the applicant. Upon Police Department approval, the license is issued and mailed to the applicant’s place of employment, unless the applicant has requested that it be mailed elsewhere.

In the event the Police Department recommends denial of a Beverage Operator’s License, the applicant will receive a letter from the City Clerk, via Certified Mail. The letter will include a listing of the citations on the applicant’s record. A copy of the letter and record check will be forwarded to the applicant’s employer via regular mail. If denied, the City will retain \$5 of the applicant’s license fee to cover the cost of the Police Record check. Appeal information will also be sent to the applicant.

PLEASE NOTE: LICENSES ARE NOT IN EFFECT UNTIL RECEIVED BY APPLICANT.

LICENSE FEES

NOTE: All licenses expire on June 30th of the appropriate year

1 year license: \$15.00

2 year license: \$25

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF WHITEWATER

PLEASE DIRECT QUESTIONS TO: CITY CLERK at (262) 473-0500, Extension 202
Or msmith@ci.whitewater.wi.us

CITY OF WHITEWATER APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

NOTICE: All of the above request for information ***must*** be answered. Application may be denied upon discovery of untrue or omitted information.

FULL NAME _____
Last First Full Middle Former Name (s)

CURRENT ADDRESS _____
Street City, State Zip

PERMANENT ADDRESS, IF NOT YOUR CURRENT ADDRESS:

Street City State Zip

DRIVERS LICENSE INFO (STATE AND DL NUMBER): _____

TELEPHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Sex _____ Race _____
City & State

LIST ALL ADDRESSES YOU HAVE LIVED AT OVER THE PAST FIVE YEARS:

Dates: _____	Street Address: _____
City _____	State _____ County _____

Dates: _____	Street Address: _____
City _____	State _____ County _____

Dates: _____	Street Address: _____
City _____	State _____ County _____

Dates: _____	Street Address: _____
City _____	State _____ County _____

Dates: _____	Street Address: _____
City _____	State _____ County _____

Have you completed the Responsible Beverage Server Training Course? _____ Yes _____ No
If yes, Where did you complete it? _____ Date _____
Do you currently have a Beverage Operator License in another Municipality? _____ Yes _____ No
If yes, what municipality issued the License? _____
City of Whitewater Employing Establishment _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, TRAFFIC VIOLATION, OR VIOLATION OF A MUNICIPAL ORDINANCE (excluding parking tickets)? _____ Yes _____ No

If Yes, please provide the following :

Date of Arrest: _____ Offense: _____
Arresting Agency: _____

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NOTICE: All of the above requests for information *must* be answered. Application may be denied upon discovery of untrue or omitted information.

I CERTIFY THAT I HAVE ATTAINED THE AGE OF 18; AND I SPECIFICALLY STATE THAT I HAVE LISTED ABOVE INFORMATION ON ANY CHARGES OR CONVICTIONS RELATING TO ANY FELONY, MISDEMEANOR, MUNICIPAL CITATION, OR ANY OTHER OFFENSE; AND THAT I AM FAMILIAR WITH THE LAWS, ORDINANCES AND ALL PROVISIONS OF SAID LAWS, AND THAT ALL INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FURTHER, I HEREBY AUTHORIZE A CRIMINAL HISTORY CHECK AND HEREBY CONSENT FOR THE CITY OF WHITEWATER TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK THAT MAY INCLUDE PHOTOGRAPH(S) AND FINGERPRINTS. I HEREBY ALSO RELEASE THE CITY OF WHITEWATER, AS WELL AS ANY OTHER MUNICIPAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCIES, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY BE INCURRED BY ME, MY HEIRS, SUCCESSORS AND ASSIGNS DUE TO COMPLIANCE WITH SAID AUTHORIZATION AND RELEASE OF INFORMATION. I ALSO ACKNOWLEDGE THAT \$7 OF THE FEE PAID IS TO COVER THE COST TO THE STATE FOR THE MANDATED BACKGROUND INVESTIGATION.

Subscribed and Sworn to before me this _____ day of _____, 20__.

Co., WI Comm. Exp. Date _____

NOTARY PUBLIC

TO BE COMPLETED BY CITY CLERK'S OFFICE:

Date Fee Received _____ Amount _____ Receipt No. _____ 1 YEAR LICENSE
Application Received by: _____ Checked for completeness by: _____ 2 YEAR LICENSE
Date To PD _____

TO BE COMPLETED BY POLICE DEPARTMENT:

After having investigated the above named applicant, I make the following recommendation for granting said license under the conditions as sworn to above by the applicant.

_____ Approve Application for License

_____ Disapprove Application for License

POLICE CHIEF
Date: _____