

## **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 30<sup>th</sup> 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](mailto:msmith@ci.whitewater.wi.us)



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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Arresting Agency: _____

**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 NOT BEEN CHARGED WITH OR CONVICTED OF 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.

\_\_\_\_\_ I CERTIFY THAT I HAVE ATTAINED THE AGE OF 18; AND I SPECIFICALLY STATE THAT I HAVE LISTED ON THIS APPLICATION ALL FELONY, MISDEMEANOR, MUNICIPAL CITATIONS, OR ANY OTHER OFFENSES THAT I HAVE BEEN CONVICTED OF, WHICH HAS RESULTED IN CHARGES AGAINST ME AND THAT I AM FAMILIAR WITH THE LAWS, ORDINANCES AND ALL OTHER PROVISIONS OF SAID LAWS, AND THAT ALL THE INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

**TO BE COMPLETED BY CITY CLERK'S OFFICE:**

\_\_\_\_\_ 1 YEAR LICENSE

Date Fee Received \_\_\_\_\_ Amount \_\_\_\_\_ Receipt No. \_\_\_\_\_

\_\_\_\_\_ 2 YEAR LICENSE

Application Received by: \_\_\_\_\_ Checked for completeness by: \_\_\_\_\_ Debbie Hilgen \_\_\_\_\_ Michele Smith

**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: \_\_\_\_\_