

For Office Use Only:

Date Received: _____
 Fee Pd Check# _____
 Background Check: _____

PRINCIPAL TAVERN AT WHICH THIS BARTENDER LICENSE WILL BE USED _____

Check One: _____ Town of Newbold Renewal Fee \$15.00
 _____ New (to Newbold) Operators License Fee \$25.00 (Includes background check fee)

Application for Bartender/Operators License to Serve Fermented Malt Beverages and Intoxicating Liquors

Town of Newbold, Oneida County, Wisconsin

TO THE CLERK OF THE TOWN OF NEWBOLD:

I HEREBY APPLY FOR A License to serve from the date hereof to June 30th, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Date of Birth _____ Driver's License Number & State: _____

Name _____
 Full Name, including middle name and former or maiden name (if applicable)

Address _____
 (City and State)

Have you ever been a resident of another state? _____ If yes, Where and Year _____

Have you been convicted of any law violation in the State of Wisconsin or any other State? (failure to report convictions may result in denial of a license).

If yes, specify date of conviction, name of court and offense _____

Do you have any criminal action pending before any court? _____
 If yes, specify _____

Have you ever been convicted of violating any license law or ordinance regulating the sale of malt beverages or intoxication liquors? _____
 If yes, specify _____

CHECK ONE: _____ I have held an operators, premise or manager's license within the past two years (COPY OF LICENSE ATTACHED).

_____ I have completed the Responsible Beverage Server's Training Course (COPY OF CERTIFICATE MUST BE ATTACHED).

_____ I have enrolled in the Responsible Beverage Server's Training Course and request a Provisional License until complete at a fee of \$10/day (Copy of enrollment receipt required).

STATE OF WISCONSIN, ONEIDA COUNTY, TOWN OF NEWBOLD

I, _____ (print name), being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license, is at least 18 years of age, of good moral character and that all statements made by the applicant are true.

_____ Signature of Applicant (Must be signed in the presence of the Clerk or Notary Public).

Subscribed and sworn to before me this _____ day of _____, 20____

 Notary Public or Town Clerk

**TOWN OF NEWBOLD
ONEIDA COUNTY, WISCONSIN**

**AUTHORIZATION
FOR
CRIMINAL HISTORY CHECK**

Applicant: _____
Full Name First/ Middle/ Last

Maiden Name if Applicable

Date of Birth: _____ / _____ / _____ Race: _____

Current Address: _____

Have you ever been a resident of another state? _____ When? _____

If yes, where? (City and State): _____

Phone Number: _____

Drivers License Number: _____

I, the undersigned have applied with the Town of Newbold and hereby give my consent for the Town of Newbold and the Oneida County Sheriff's Office and any other applicable City/State Government agency (DOJ), to conduct criminal history background checks that may include photograph and fingerprints. This information will be used in employment consideration by the Town of Newbold.

I also hereby release the Oneida County Sheriff's Office, or any other municipality, State Federal Law Enforcement and the Town of Newbold, both for individually and collectively, from any and all liability for damages of whatever kind, which may at any time with this authorization and release of information.

Applicant Signature

_____/_____/_____
Date