

# TOWN OF BURKE

5365 Reiner Road, Madison, WI 53718 • (608) 825-8420 • TownofBurke.com

## BEVERAGE OPERATOR LICENSE APPLICATION

**NON-REFUNDABLE FEES:** \_\_\_\$75.00 NEW \_\_\_\$75.00 RENEWAL \_\_\_\$15.00 PROVISIONAL

**Course certificate for a WI DOR-approved Responsible Beverage Server Training Course within the last two years OR proof of a valid operator license in another WI municipality within the last two years must be submitted with NEW application.**

An operator license is a privilege, not a right. Applicants must be at least 18 years old and may not have an arrest or conviction record or be a habitual law offender, subject to provisions of §111.321, 111.322, 111.335, and 125.12(1)(b) Wis. Stats. Application must be filled out accurately and completely. False statements or omissions will result in denial of license sought. Background checks are conducted on all applications, whether original or renewal. If you have doubt as to whether to include facts about a specific incident, it is recommended you disclose the information. If unsure how to respond to any questions on this form, contact Town Clerk for clarification. You may obtain your criminal history information from the Police Department or court with which you interacted or check [wcca.wicourts.gov](http://wcca.wicourts.gov).

**PLEASE INITIAL THAT YOU HAVE READ & UNDERSTAND THE STATEMENT ABOVE:** \_\_\_\_\_

APPLICANT NAME: LAST, FIRST, M.I.		ANY OTHER PRIOR NAMES USED:	
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:		STATE LICENSE ISSUED:
EMAIL:		PHONE NUMBER:	
STREET ADDRESS:		CITY/STATE/ZIP:	
LIST ANY OTHER ADDRESSES USED IN THE LAST FIVE YEARS:			
IF YOU HAVE HELD AN OPERATOR LICENSE IN WI, LIST WHERE & WHEN:		HOW LONG HAVE YOU CONTINUOUSLY RESIDED IN WI?	
ESTABLISHMENT WHERE YOU PLAN TO USE THIS LICENSE:		ESTABLISHMENT PHONE NUMBER:	

Since your 17th birthday, have you ever been convicted of a felony or misdemeanor?  YES  NO

Have you ever been convicted of violating any federal, state, local laws or ordinances relating to alcohol beverages including any violations regarding serving, driving, underage, providing alcohol to minor(s) OR any other offense?  YES  NO

If so, give details:

Are you currently subject to any pending charges or outstanding warrants?  YES  NO If yes, please list:

Year	Location	Charge	Did incident relate to use of alcohol or other drugs?	Did incident occur in/near an establishment that serves alcohol?

I, the undersigned applicant for an operator license in the Town of Burke hereby affirm that I am at least 18 years of age and am a current WI resident and that the information on this application is true and complete to the best of my knowledge and belief. I authorize Town of Burke staff to check the information provided on this application for accuracy and conduct a background check and understand that my past record will become part of this application.

APPLICANT SIGNATURE:	DATE SIGNED:
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<b>OFFICE USE ONLY:</b> Upon staff review of CCAP/DOJ information, applicant: <input type="checkbox"/> HAS NO CRIMINAL RECORD <input type="checkbox"/> CRIMINAL RECORD IS ATTACHED Town Board Decision:            APPROVE / DENY REASON FOR DENIAL:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Payment Received</td> <td>Date Received</td> </tr> <tr> <td>Provisional License #</td> <td>Operator License #</td> </tr> <tr> <td>Date Provisional Issued</td> <td>Date Operator License Issued</td> </tr> </table>	Payment Received	Date Received	Provisional License #	Operator License #	Date Provisional Issued	Date Operator License Issued
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