



OPERATORS (BARTENDERS) LICENSE APPLICATION

FEE: \$69.00

NEW FOR CITY OF EAU CLAIRE

RENEWAL
(CHECK NEW IF LICENSE EXPIRED MORE THAN 2 MONTHS AGO)

PLEASE be advised that the Police Department will review and verify the information on your application. If any information is omitted, incomplete, or incorrect it is likely that the police department will reject your license application.

1. If you checked NEW above, have you completed a Bartenders Training Course approved by the State of Wisconsin, or held a bartenders license in the State of Wisconsin within the last 2 years (written proof required)? Yes No

** PLEASE PRINT CLEARLY ** Email address: _____

Drivers License or I.D.#		DL State	Date of Birth	Phone No. () -	
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name	Last Name		
Street Address			City	State	Zip
Name of Business (Where are you using this license?)			Street Address of Business		

2. Have you EVER been convicted of violating any:

You must list everything, including underage drinking

Federal Laws ANYWHERE? Yes No
 Wisconsin State Laws? Yes No
 Laws of ANY other State? Yes No
 Ordinances ANYWHERE? Yes No
 Other : _____

★ If you answered YES to any question listed in #2 above, you must fill out the back of this form

3. Have you EVER been on Supervision or Probation? Yes No

4. Have you EVER changed your name? Yes No

If yes, list other names you have had: _____

5. Are there any CRIMINAL charges PRESENTLY PENDING against you? Yes No

★ If you answered YES to #5 above, you must fill out the back of this form

APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and to the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature _____

Date ____/____/____

City of Eau Claire
PO Box 909
Eau Claire WI 54702-0909
Phone: 715-839-4923
licensing@eauclairewi.gov

cc PD: _____ Temp Lic # _____

Council Date: _____ Perm Lic # _____

09/19 5.28.090

Fee: \$69.00 (nonrefundable)
 Tran Code: 1120
 Office use only
 Do not write in this area

LIST ALL PAST VIOLATIONS

Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____
Date ___ / ___ / ___ Nature of Offense _____

PENDING CHARGES

Date ___ / ___ / ___ Nature of Charge _____
Date ___ / ___ / ___ Nature of Charge _____
Date ___ / ___ / ___ Nature of Charge _____
Date ___ / ___ / ___ Nature of Charge _____
Date ___ / ___ / ___ Nature of Charge _____

STAFF USE ONLY

COMMENTS: _____

POLICE DEPARTMENT
COMMENTS: _____

POLICE DEPARTMENT APPROVAL: _____