

Applicant Name \_\_\_\_\_

## City of Medford

### Application for Operator's (Bartender's) License

Please print clearly, and answer all questions completely.

**For Office Use Only:**

Date Received \_\_\_\_\_

**Application/Fee**

- |                          |  |         |
|--------------------------|--|---------|
| <input type="checkbox"/> | Provisional  | \$22.00 |
|                          | Course Start Date ____/____/____                                   |         |
|                          | Expiration Date ____/____/____                                     |         |
| <input type="checkbox"/> | New - Even Year  | \$27.00 |
| <input type="checkbox"/> | New - Odd Year   | \$47.00 |
| <input type="checkbox"/> | Renewal - Basic Background Investigation                           | \$40.00 |
| <input type="checkbox"/> | Renewal - Detailed Background Investigation                        | \$47.00 |
| <input type="checkbox"/> | Temporary (Expires in 1 to 14 Days for Non-Profit)<br>Event: _____ | \$5.00  |
| <input type="checkbox"/> | Duplicate  | \$5.00  |

**Total Amount Paid** \$ \_\_\_\_\_

**Receipt Number** # \_\_\_\_\_

**Responsible Beverage Server Course Completion Date:** \_\_\_\_\_

**Date Referred to Police Department:** \_\_\_\_\_

**Approved License #** \_\_\_\_\_  **Denied**  
**Date License Mailed/Picked Up** \_\_\_\_\_ **Date Denial Mailed** \_\_\_\_\_

### PART A - APPLICANT INSTRUCTIONS

- Please read this form carefully prior to filling out your Operator's (Bartender's) license application. Any questions should be directed to the City Clerk at 715-748-4321.
- Applicant understands that the application and license is for use only in the City of Medford.
- Applicant understands that the application and license fee payments are non-refundable, and are due and payable at the time of filing the application form.
- Standard Operator's (Bartender's) licenses issued by the City of Medford are valid for a period to two years, and shall expire on the 30<sup>th</sup> in odd years.

## PART A – APPLICANT INSTRUCTIONS CONTINUED

- To apply for an Operator’s (Bartender’s) license, one of the following must be provided along with your completed, signed application, and applicable fees:
  1. Proof of Registration for the Responsible Beverage Service Course.
  2. Certificate of Completion from the Responsible Service Course dated within the past two (2) years.
  3. A current Operator’s License from another municipality in the State of Wisconsin.
- If an Operator’s (Bartender’s) license is needed immediately, a temporary Provisional License may be applied for. Only one Provisional License per person per year will be issued. Provisional Licenses are valid for sixty (60) days after issuance. Provisional Licenses will only be issued to an applicant enrolled in and pending completion of an authorized Responsible Beverage Service Course, and who has not been denied an Operator’s License or who has not had their license revoked or suspended with the past twelve (12) months.
- Temporary Licenses may be issued at no fee provided that:
  1. This license is issued only to operators employed by, or donating their services to, non-profit organizations.
  2. No person may hold more than one license of this kind per year.
  3. The license is valid for any period from one (1) to fourteen (14) days, and the period for which it is valid is stated on the license.
- Applicant must complete the application Parts A and B completely and accurately. Any incomplete, inaccurate or untruthful information on any license application shall be caused for denial of such license.
- Applicant must meet the requirements listed below. **PLEASE CHECK EACH STATEMENT AS READ.**
  - Applicant must be at least 18 years or older for an Operator’s License.
  - Applicant must not have a felony conviction within the last five (5) years, the offense(s) substantially relating to the alcohol beverage license activity, or be a habitual offender as defined in Wisconsin State Statutes 9.39.62(2). In determining habitual law offender status, the background check may go back fifteen (15) years.
  - Applicant has not had an OWI conviction within the past one (1) year.
  - Applicant has not had two or more alcohol related convictions within the past two (2) years.

## PART A – APPLICANT INSTRUCTIONS CONTINUED

- Applicant does not have any criminal or ordinance convictions that are related to the license requested. These included, but are not limited, to: gambling, controlled substances, disorderly conduct, non-sufficient fund checks, battery in bar/tavern, within the past two (2) years.
- Applicant does not have a possession of a controlled substance conviction within the past two (2) years.
- Applicant does not have a Sale or Delivery of controlled substance conviction with the past five (5) years.
- Applicant has complied with all court ordered assessments resulting from an OWI or controlled substance conviction.
- Applicant does not have any pending charges, the offense(s) of which are substantially relating to the alcohol beverage license.
- As part of the application process, any applicant on probation/parole will need to provide written approval from their probation agent.

A criminal background records check will be conducted on all applicants by the City of Medford Police Department. This background check will include, but is not limited to: Wisconsin State Criminal History, City of Medford Police Department records, Driver's License (CIB, NCIC, P&P, DOT), and with other law enforcement agencies where applicant previously resided. The City of Medford Police Department will make a report, and recommendation to the City Clerk on the applicant based on the above criteria. If granted, your Operator's License will be mailed to your place of residence as indicated on the application or picked up at City Hall during regular business hours. **Please allow up to five (5) business days for processing.**

**Return all pages of this application in person to:**

City of Medford  
639 South Second Street  
Medford, WI 54451

*Please Note: Application must be signed in the presence of a notary public or the City Clerk.*

**Make checks payable to:** City of Medford

**PART B – APPLICATION FOR LICENSE  
TO SERVE FERMENTED MALT BEVERAGES &  
INTOXICATING LIQUORS**

I, the undersigned, do hereby make application to the local governing body of the City of Medford, for a license to serve Fermented Malt Beverages and Intoxicating liquors from the date hereof until June 30, \_\_\_\_\_, unless revoked or suspended sooner, subject to the limitations imposed by Wisconsin Statutes §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 is granted to me.

**ANSWER ALL QUESTIONS COMPLETELY. PLEASE PRINT CLEARING. Use the reverse side or another sheet of paper if you cannot answer any questions in the space provided.**

**APPLICANT INFORMATION**

First Name	Middle Name	Last Name	Maiden Name
Address of Residence			Home Phone Number
City	State	Zip Code	Email Address
Mailing Address, if different from residence address			City      State      Zip Code
Place of Birth (City & State)			Date of Birth
How long have you lived in Wisconsin?			City & State of Former Residency
Previous Address (Including City, State & Zip)			Sex: ____ Male      ____ Female
Driver's License Number	State of Issuance	Expiration Date	Social Security Number

**REGULAR EMPLOYER INFORMATION**

Employer's Name	Date of Employment
Address of Employer	Employer Phone Number
City	State      Zip Code



## PART B – APPLICATION FOR LICENSE CONTINUED

\* Are there currently any criminal charges presently pending against you.  Yes  No  
If yes, please complete below.

Date of Conviction	Violation/Offense	Jurisdiction
Date of Conviction	Violation/Offense	Jurisdiction
Date of Conviction	Violation/Offense	Jurisdiction
Date of Conviction	Violation/Offense	Jurisdiction
Date of Conviction	Violation/Offense	Jurisdiction

## PART C – To Be Completed in the Presence of a Notary Public or City Clerk

**READ CAREFULLY BEFORE SIGNING.** Under penalty provided by law, the undersigned, being duly sworn on oath, says that he/she is the person who made the foregoing application and that the information supplied is true and correct. False, inaccurate or omitted information may be grounds for denial of the application. The signer certifies that he/she is familiar with the laws and regulations pertaining to the sale of alcoholic beverages. Signer agrees to observe the provisions of the City of Medford Code of Ordinances, and the Wisconsin Statutes. The signer agrees that the license, if granted, will not be assigned to another. **YOU MUST CARRY ON YOUR PERSON A VALID PICTURE ID ISSUED BY A GOVERNMENTAL AGENCY (DRIVER'S LICENSE, PASSPORT, ETC.) AT ALL TIMES WHILE WORKING PURSUANT TO THE OPERATOR'S LICENSE. WHILE WORKING PURSUANT TO A PROVISIONAL LICENSE, YOU MUST ALSO KEEP THIS FORM ON YOUR PERSON AT ALL TIMES.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Certification

City of Medford  
Taylor County  
State of Wisconsin

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
 Notary Public  Municipal Clerk

My commission expires: \_\_\_\_\_ or is permanent.

