



TOWN OF DELAFIELD
 W302N1254 Maple Avenue, Delafield, WI 53018
 Tel: (262) 646-2398 Fax: (262) 646-8687
www.townofdelafield.org

BARTENDER / OPERATOR LICENSE APPLICATION

To serve fermented malt beverages/intoxicating liquors in the Town of Delafield

For license period ending _____.

Applicant Information

Applicant's Full Name _____

Date of birth _____

Check One: Male Female

Phone Number _____ Email _____

Home Address _____

City, State & Zip _____

Violations

✓ I understand that failure to list all violations may result in the rejection of this application. _____ (please initial)

1. Have you ever been arrested, cited or convicted of charges related to activities performed while bartending? Yes No
2. Have you had any arrests, charges or citations related to controlled substance or involving alcoholic beverages? Yes No
3. Have you ever been convicted of a felony? Yes No

*If you answered yes to any questions above, please provide date and details: _____

4. List all arrests, convictions, dismissals and pending cases from age 18 to present below (do not include speeding and parking violations).

Violation	City	Date

*(List additional offenses on back of form)

Employment

Place of Employment as a bartender or seller of alcohol: _____

Applicant Signature

I, the undersigned do hereby make application to the Town of Delafield for an Operator's License to serve fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and Town of Delafield Ordinances.

I give the Town of Delafield permission to conduct a background check to verify the information I have provided and authorize the release of all information regarding my record.

Signature _____ Date _____