Two Year License: \$50.00 Temporary License (60 days): \$25.00



## **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

APPLICANT INF	ORMATION
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Name			
Street Address	City	State	Zip
Phone Number	Email		
Driver's License #	Expiration Date		
Date of Birth	Place of Employment		

## **ORGANIZATION INFORMATION**

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Drganization Address	
Phone Number of Organization	

VIOLATIONS				
1. Have you ever been arrested or convicted of charges related to activities performed while bartending?				
2. Have you had any arrests, charges or citations related to controlled substance or involving alcohol?				
3. Have you ever been convicted of a felody?				
*If you anwered 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 tickets).				
Charge	Location	Date		
Charge	Location	Date		
Charge	Location	Date		
		+		
APPLICANT SIGNATURE				
<b>READ CAREFULLY BEFORE SIGNING</b> : I, the undersigned do hereby make appl serve fermented malt beverages and intoxicating liquors subject to Wisconsin Stat Delafield permission to conduct a background check to verify the information provide	utes and Town of Delafield Ordinances.	I give the Town of		
Signature of Applicant	Date	1987 - 4		
All applicants must submit a copy of their current driver's license with a copy of a servers course completion certificate or an				

operator's license having been expired no more than 2 years.