

TO: Applicants for Temporary Bartender/Operator Licenses

PARAMETERS FOR TEMPORARY BARTENDER'S LICENSES:

Sec. 125.17(4), Wis Stats

1. A governing body may issue temporary operator's licenses only to person employed by or donating their services to festivals/nonprofit agencies.
2. A person is limited to only two such licenses in a year.
3. The license is valid for the event period from one to 14 days as stated on the issued license.

Qualifications for Licenses Pursuant to Chapter 125.04(5):

Natural persons. Licenses and permits related to alcohol beverages, issued to natural persons under this chapter, may be issued only to persons who fulfill all of the following requirements:

Must be at least 18 years of age.

Do not have an arrest or conviction record, subject to ss. 111.321, 111.322, 111.335 and 125.12 (1) (b).

Criminal offenders. No license or permit related to alcohol beverages may, subject to ss. 111.321, 111.322 and 111.335, be issued under this chapter to any person who has habitually been a law offender or has been convicted of a felony unless the person has been duly pardoned.

IMPORTANT: Application must be filed with the Clerk at least 15 days before the license may be granted or issued.

FEE: \$10 application fee + \$12 background check = Total: \$22.00

CITY OF BROOKFIELD – TEMPORARY BARTENDER
APPLICATION FOR TEMPORARY (Bartender) OPERATOR'S LICENSE
TO SERVE FERMENTED MALT BEVERAGES AND WINE

Maximum Term: One to 14 days

Fee: \$22.00

PLEASE PRINT CLEARLY: DRIVER'S LICENSE NO. _____

SOCIAL SECURITY NO. _____

NAME: _____
(Last) (First) (Middle Initial) (Maiden)

HOME ADDRESS: _____
(House # and Street) (City, State & Zip Code)

If resided at the above address is less than (3) years list previous address: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

NAME OF EVENT/FESTIVAL: _____
(Where you will be working as a Temporary Operator)

EVENT LOCATION/ADDRESS: _____

List all dates for the Event for which you will be working: _____

Have you applied for this type of license within the last 12 months? Yes No

Have you been convicted of violating any statute or ordinance regulating the sale of beer or liquor? If yes, give conviction date and jurisdiction where convicted: _____

Have you been convicted of violating any other laws of the United States, State, County, City, Village or Town, relating to the use or sale, either as an adult or juvenile, of alcohol or controlled substance within the past 5 years other than addressed in the previous questions? If yes, describe the circumstances and give conviction date and jurisdiction where convicted: _____

Are there any charges of any kind pending against you, either as an adult or juvenile? If yes, describe the nature and circumstances related to the pending charge, the date charged and jurisdiction where charged: _____

Have you been convicted of any offense relating to the use of alcohol or controlled substance while operating a vehicle as either an adult or juvenile within the past 5 years? If yes, describe and give conviction date and jurisdiction where convicted: _____

READ CAREFULLY BEFORE SIGNING: I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I understand that incomplete or incorrect information may lead to denial of this license. I hereby empower an employee of the City of Brookfield Police Department or City Clerk's Office or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any source and to release said information to the city staff and officials involved in the review of this application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually, and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Date

Signature of Applicant

[FOR OFFICE USE] - MAKE COPY OF DRIVER'S LICENSE IN THIS SPACE

[FOR POLICE USE] - THE ABOVE APPLICANT HAS BEEN INVESTIGATED AND RELATED RECORDS REFLECT THE FOLLOWING:

Signature

Date