

# City of Bayfield

## Application for Operator / Bartender License

Type of License: \_\_\_ New, \_\_\_ Renewal, \_\_\_ Provisional, \_\_\_ Temporary

### APPLICANT INFORMATION:

Last Name	First	Middle	Maiden Name	M/F Gender
Street Address	City	State/Zip	Phone Number	
Email Address	Date of Birth			
Name of Licensed Business Where Employed: _____				

### Please answer the following questions:

1. Have you (a) held a bartender's license in Wisconsin in the last two years (if yes, Municipality: \_\_\_\_\_) or (b) completed a WI Responsible Beverage Server Course within the last two years? \_\_\_ Yes / \_\_\_ No  
Exp. Date: \_\_\_\_\_
2. Have you acted as an agent of a licensed liquor establishment in WI within the last year? \_\_\_ Yes/ \_\_\_ No
  - If you answered "NO" the questions above, state law requires that you complete a WI Department of Revenue approved Responsible Beverage Server Course prior to a license being issued (Except for Temp. Licenses).
  - If you answered "YES" to any questions above, you must provide proof before a license can be issued.
3. Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months? \_\_\_ Yes/ \_\_\_ No

### APPLICANT CONSENT & SIGNATURE

I hereby make an application to the City of Bayfield for a Server's Operators License to serve or sell fermented malt beverages and intoxicating liquors. I am aware of the State and Municipal laws governing the sale of alcohol beverages and agree to abide by those laws. I hereby certify that the information in this application is true and correct.

I understand that the Clerk, and/or Bayfield Police Department (BPD) will do a background check based on my application. I hereby authorize the release of any and all records requested by the Clerk and/or BPD in its investigation.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually or collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

X \_\_\_\_\_  
Applicant Signature Date

**Submit the application along with the license fee to the City of Bayfield,  
Attn: Clerk's Office, 125 South First Street, P.O. Box 1170, Bayfield, WI 54814. Phone: 715-779-1201.**

### FOR OFFICE USE ONLY:

___ Regular License	Fee: \$30.00	Background Check Completed:
___ Provisional License	Fee: \$30.00	Paid:
___ Temporary License	Fee: \$30.00	Receipt #: