



Application for Alcohol Beverage Operator's (Bartender's) License

IMPORTANT INFORMATION

- Applicants must provide a certificate of completion from a Responsible Beverage Server Course taken within the last 2 years or an operator's license within the last two years from another Wisconsin municipality. Approved course information can be found online at <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>. **A COPY OF YOUR PHOTO ID IS REQUIRED TO PROCESS APPLICATION.**
- An Operator's license is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- This application must be **completed legibly, accurately and completely.**
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information. # _____
- If you are unsure about how to respond to any questions on this form, check with the Clerk's office for clarification.
- Your application will not be processed until you address any unpaid debts owed to the City of Hudson and/or outstanding warrants.

SECTION 1. LICENSE INFORMATION

Choose One <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Special Event/Temporary	If you are applying for a New License have you completed the Responsible Beverage Server Training Course within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide a copy of the certificate of completion of the course with this application
Have you held an operator's license in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', where: _____
Have you ever had an Operator or any type of alcohol license suspended, revoked, or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', where: _____
If 'yes', please provide an explanation about the suspension, revocation or denial. Attach additional sheets of paper, if necessary	
Have you read the reverse side of this application which outlines reasons why an application may be denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)		Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)		Phone Number	
License Plate Number	Date of Birth	Place of Birth (County/State)	Race Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Driver's License Number/State ID number	State of Issuance	Email Address	
Current Address (also provide mailing address if different from current address)	City	State	Zip Code
Previous Address	City	State	Zip Code
Name and Address of Employer where license will be used (if not currently employed, mark "N/A")			

SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

This application asks questions regarding past arrests and convictions under federal, state and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

PENDING CHARGE(S) INFORMATION

Are there any charges (criminal or ordinance violations) currently pending against you? Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

Date of Violation	Location (City/County/State)	Description of Violation	Next Court Date	Status
1				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

FELONY CRIMINAL RECORD

Since your 17th birthday, have you ever been arrested or convicted of a felony? Yes No

As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

Date of Conviction	Location (City/County/State)	Description of Felony Offense
1		

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations) Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	Date of Conviction	Location (City/County/State)	Description of Criminal Offense (Non-Felony) or Ordinance Violation	Penalty Imposed
1				
2				
3				
4				
5				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE

The City will start by reviewing the applicant's record for the most recent 5-year period, unless a pattern of conduct exists. In general, if you have 2 (or more) offenses in the last 5 years, your application may be denied. For specific conviction information, please see City of Hudson ordinance 145-17.

To the extent state statutes or ordinances provide additional grounds for denial or non-renewal, the City may rely on such provisions. If an application is recommended for denial, the applicant will be provided a letter stating the reasons for the recommendation. An applicant has the right to appeal the decision by submitting a written request to the City Clerk that states, in detail, the grounds the applicant believes should result in the reversal of the denial. The appeal shall be signed and dated by the applicant. The appeal will be submitted to the City Council for further review.

SECTION 5. CERTIFICATION

*** PLEASE READ CAREFULLY BEFORE SIGNING***

By signing this application, I hereby swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that giving false or inaccurate information or withholding requested information on this application will result in the denial of this application. Further, by my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

I understand that if approved, my license will be sent to my employer if my employer was identified in Section 2. **I further understand that if my application is denied the fees that I paid are non-refundable.**

Signature of Applicant _____

Date _____

OFFICE USE ONLY

<input type="checkbox"/> New/Renewal License (2 year license) \$50.00 expires _____	<input type="checkbox"/> Photo ID checked	<input type="checkbox"/> Sent to PD on _____
<input type="checkbox"/> Provisional License \$15.00; expires _____	<input type="checkbox"/> Outstanding Debt Court _____	<input type="checkbox"/> Rec'd from PD on _____
<input type="checkbox"/> Special Event/Temporary License \$25.00; Date(s) of Event: _____		<input type="checkbox"/> Lic/Ltr sent on _____ Receipt # _____

RECOMMENDATIONS / FINAL ACTION

Police Dept Action Date: _____ Approved Denied Chief of Police/Designee Signature: _____

If license is denied, state reason(s) for denial or attach a separate document:
