

CITY OF DE PERE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

INSTRUCTIONS: Complete and return this form to the office of the City Clerk with the appropriate fee and your Responsible Beverage Server Class Certificate. If this is a renewal, the certificate is not necessary.



July 1, 2022 - June 30, 2024

Check all that apply:

- Operator License Fee: \$60.00
- Check if application is a renewal
- Operator and Provisional License: \$75.00
- Temporary Operator License Fee: \$21.00
- Date Needed: _____
- Event Name: _____
- Total Due (Non-Refundable):** _____

APPLICANT _____

Last First Middle Previous Name(s)

HOME ADDRESS _____

Street Address City State Zip

PREVIOUS ADDRESS _____

Street Address City State Zip

DATE OF BIRTH _____ AGE (At time of application) _____ HM. PH. # _____

CELL PH. # _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE or WISCONSIN ID # _____ STATE ISSUED _____

PLACE OF EMPLOYMENT UNDER THIS LICENSE _____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? CIRCLE THE APPROPRIATE ANSWER.

If application is a renewal, please list only those violations occurring in the past two years.

- FELONIES (No date limit) YES NO
- MISDEMEANORS (No date limit) YES NO
- LOCAL ORDINANCE OFFENSES *Do not list traffic or parking violations* YES NO
- ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

LIST DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)
BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY.

VIOLATION	DATE	LOCATION	GUILTY/DISMISSED

APPLICANTS MAY BE DENIED FOR INCOMPLETE OR INACCURATE FORMS. ALL ITEMS MUST BE COMPLETED.

X _____
Applicant Signature

Official Use Only- Date Received: _____ **Receipt#:** _____ **Approval Date:** _____ **License#** _____

De Pere Police Department background check performed, which indicates:

No records found OR the subject has the following/attached (Arrest)(Conviction) record

Comments: _____

De Pere Police Dept. Authorized Signature: _____ **Date:** _____