TOWN OF WASHINGTON
EAU CLAIRE COUNTY, WISCONSIN

5750 Old Town Hall Road
Eau Claire WI 54701
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Reserved for Office Use

Temp #T _____ License #OL _____

Class _____ Background Check _____

$25.00

APPLICATION FOR BARTENDERS LICENSE

PLEASE PRINT

1. Name _____ _____ _____
   First M Last
2. Address _____ _____ _____ _____
   Street City State Zip
3. Phone No. _____ Date of Birth: _____
4. Name of Employer _____
5. Were you issued a bartender's license from the Town last year? Yes _____ No _____
6. Have you received a temporary license within the last year? Yes _____ No _____
7. Have you completed a Bartenders Awareness Training Class? Yes _____ No _____

~ If you did not have a bartender's license with the Town last year, ATTACH A COPY OF THE TRAINING CERTIFICATE OR CARD of COMPLETION ~

8. Have you ever been convicted of violating law(s) of the State of Wisconsin or of the United States? Yes _____ No _____
9. Have you ever been convicted of violating license law(s) or ordinance(s) regulating the sale of alcoholic beverages? Yes _____ No _____
10. If you answered YES to questions 8 or 9, complete the questions below. (If more space is needed, use the back of this form)
11. Date of conviction(s) _____
    Name of Court _____
    Outcome _____
    Nature of Offense _____

APPLICANT'S STATEMENT

I hereby certify that the answers on the above application are complete, true and correct to the best of my knowledge and belief. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin and with all the provisions of the Municipal Code of Ordinances of the Town of Washington.

Be aware that the Eau Claire County Sheriff's Department will be contacted to verify the information on this application. If any information is not complete or correct, it is possible that this application would be denied.

_____
Applicant's Signature