

Town of Dekorra
 W8460 Bilke Rd
 Poynette, WI 53955
 608-635-2014
 dekorra@centurytel.net

Operator License Application

License Expires June 30, _____

<input type="checkbox"/> Operator \$45.00/\$35.00 Circle: New or Renewal <input type="checkbox"/> Provisional* \$15.00 *only available at time of original application*	<input type="checkbox"/> RBT Class Pending <input type="checkbox"/> RBT Class Complete (Attach Certificate)
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Office Use Only	License # _____	Provisional # _____
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Filling out your application	INITIAL
1. An Operator License is a privilege, not a right.	_____
2. This application must be filled out accurately and completely.	_____
3. Your application will not be processed until you deal with any outstanding warrants.	_____
4. Attach list of convictions as listed in "parameters for denial of an Operator's License (see back)	_____
Review of your application	
1. I understand that a background check will be performed.	_____
2. If there are concerns about your background check, you may be called to appear before the Town Board.	_____
3. If you are asked to appear but choose not to do so, your application may be denied.	_____
4. Meetings of the Town Board are open to the public. This application is a public record subject to release.	_____

Last Name	First Name	Middle Name:	Race:	Gender:

Residence: Street Address	City	State	Zip

Phone	Birth date	Social Security number

Establishment where employed	Employer contact name and phone

Other names, aliases or birthdates ever used: _____

Previous address in past 5 years (attach list if necessary):	From:	To:

Application must be notarized if not presented in person.
I swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify 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 falsification of this application will result in automatic denial. If denied, your provisional license must be surrendered to the Town Clerk immediately.

Subscribed and sworn before me
 this _____ day of _____, 20____

Applicant's Signature

 Notary Public or Clerk's Office

Clerk's Office: Type of ID Checked _____
 (DL/ID Card/Other ID)

My Commission expires _____

Office Use Only			
Date application received _____	Date presented to Town Board _____		
<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied (attach reason)	<input type="checkbox"/> Denial letter sent date: _____	<input type="checkbox"/> Appeal Date: _____	<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied
Date license issued: _____	<input type="checkbox"/> Fee Paid _____	Amount _____	

TOWN OF DEKORRA– OPERATOR’S LICENSE

To apply for an Operator’s License, either a proof of registration or a certificate of completion for the Responsible Beverage Service Course within the last two years, or an operator’s license within the last two years from another Wisconsin municipality must be provided. If a proof of registration is provided, a certificate of completion must be supplied before the operator’s license will be issued.

If an Operator’s License is needed immediately, a provisional license may be applied for. Only one provisional license per person per year will be issued. Provisional licenses are valid for 60 days. A provisional license is only issued when applying for a new Operator’s license.

Licenses are issued yearly to expire June 30th.

PARAMETERS FOR DENIAL OF AN OPERATOR’S LICENSE (BARTENDER LICENSE)

If you have two or more convictions of the offenses listed or a combination of two or more convictions of the offenses listed, your application will be recommended for denial.

1. Giving false or incomplete information or misinformation on the Application.
2. An arrest or conviction of underage selling during the past 2 years.
3. An arrest or conviction of underage person on premise during the past 2 years.
4. Conviction of any substance abuse during the past 2 years.
5. Conviction of driving under the influence of any alcohol or controlled substance during the past 2 years.
6. Conviction of allowing another person to use operator’s license during the past 2 years.
7. Conviction of selling to an intoxicated person during the past 2 years.
8. Conviction of selling after hours in the past 2 years.
9. Conviction of selling without a license in the past 2 years.
10. Conviction of any part of Chapter 125 State Statutes, not listed above, relating to alcohol beverages during the past 2 years.
11. An arrest or conviction of charges related to the activities performed while bartending within the past 2 years.
12. **Any habitual law offender or felon** where the circumstances of the charges substantially related to the licensing activity.
13. Convictions of illegal gambling during the past 2 years.
14. A FELONY conviction substantially related to alcohol activity WILL automatically be denied.

If the license is denied at the Town Board Meeting, the Clerk shall provide the applicant a letter with reasons for denial of their license. Any applicant denied a license may appeal the decision and request a hearing before the Town Board by writing a letter to the Town Clerk within 14 days of receipt of the denial letter. The letter should state in detail the grounds for reversal of the denial and shall be signed by the applicant. The Town Clerk shall set a date and time to meet with Town Board.

IF YOUR APPLICATION SHOULD BE DENIED BY THE TOWN BOARD, FEES ARE NON-REFUNDABLE, AND YOU CANNOT RE-APPLY UNTIL ONE YEAR AFTER THE DENIAL.

I hereby acknowledge that I read and understand the Parameters for Denial of an operator’s license for the Town of Dekorra.

Signed _____

Date _____