

**TOWN OF NEWBOLD, ONEIDA COUNTY, WISCONSIN**

<b>For Office Use Only:</b>	
Date Received:	_____
Fee Pd Check#	_____
Background Check:	_____

PRINCIPAL TAVERN AT WHICH THIS BARTENDER LICENSE WILL BE USED: \_\_\_\_\_

<i>Check One:</i> _____ Town of Newbold Renewal Fee \$15.00 _____ New (to Newbold) Operators License Fee \$25.00 (Includes background check fee)
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## Application for Bartender/Operators License to Serve Fermented Malt Beverages and Intoxicating Liquors

Town of Newbold, Oneida County, Wisconsin

**TO THE CLERK OF THE TOWN OF NEWBOLD:**

I HEREBY APPLY FOR A License to serve from the date hereof to June 30<sup>th</sup>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Date of Birth \_\_\_\_\_ Driver's License Number & State: \_\_\_\_\_

Name \_\_\_\_\_  
Full Name, including middle name and former or maiden name (if applicable)

Address \_\_\_\_\_  
(City and State)

Have you ever been a resident of another state? \_\_\_\_\_ If yes, Where and Year \_\_\_\_\_

Have you been convicted of any law violation in the State of Wisconsin or any other State? (failure to report convictions may result in denial of a license).

If yes, specify date of conviction, name of court and offense \_\_\_\_\_

Do you have any criminal action pending before any court? \_\_\_\_\_

If yes, specify \_\_\_\_\_

Have you ever been convicted of violating any license law or ordinance regulating the sale of malt beverages or intoxication liquors? \_\_\_\_\_

If yes, specify \_\_\_\_\_

**CHECK ONE:** \_\_\_\_\_ I have held a bartenders/operators, or premise or manager's license within the past 2-years (*PROVIDE COPY OF LICENSE WITH THIS FORM*).

\_\_\_\_\_ I have completed the Responsible Beverage Server's Training Course (*COPY OF CERTIFICATE MUST BE ATTACHED*).

\_\_\_\_\_ I have enrolled in the Responsible Beverage Server's Training Course and request a Provisional License until my training is complete at a fee of \$10/day (Copy of enrollment receipt required).

I affirm that I am the person who made and signed the foregoing application for an operator's license, am at least 18 years of age, of good moral character and that all statements made by the applicant are true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**TOWN OF NEWBOLD  
ONEIDA COUNTY, WISCONSIN**

**AUTHORIZATION  
FOR  
CRIMINAL HISTORY CHECK**

Applicant: \_\_\_\_\_  
Full Name First/ Middle/ Last

\_\_\_\_\_  
Maiden Name if Applicable

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Gender: M / F

Current Address: \_\_\_\_\_

Have you been a resident of another state in the last ten years? \_\_\_\_\_  
When? \_\_\_\_\_ Where? \_\_\_\_\_

If yes, where? (City and State): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

I, the undersigned have applied with the Town of Newbold and hereby give my consent for the Town of Newbold and the Oneida County Sheriff's Office and any other applicable City/State Government agency (DOJ), to conduct criminal history background checks that may include photograph and fingerprints if necessary. This information will be used in licensing and/or employment consideration by the Town of Newbold Town Board.

I also hereby release the Oneida County Sheriff's Office, or any other municipality, State Federal Law Enforcement and the Town of Newbold, both for individually and collectively, from any and all liability for damages of whatever kind, which may at any time with this authorization and release of information. This information will be used for the sole purpose of completing background history checks for determination of licensing and/or employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date