

CITY OF SCHOFIELD LICENSE APPLICATION

Bartender / Operator

351 ALDERSON STREET
SCHOFIELD, WI 54476

****New Operator License: \$ 45.00**

Renewal Operator: \$ 45.00

Provisional License: \$ 15.00

NOTE: License expires on June 30th of each year.

Date of Application: _____

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

City/State/Zip _____

Email Address: _____

Issuing State and Drivers License # _____

Name of Business Working At: _____

NOTE: A Provisional License is only good for 60 days

****New bartenders must provide a valid driver's license and proof that you attended Responsible Beverage Servers Class. I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Schofield pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. **If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information.** If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.**

Enter applicable arrest and conviction information here: _____

(Applicant Signature)

Submit the completed application along with the non-refundable license fee of **\$45.00** to the City Clerk at 351 Park Street, Schofield, WI 54476.