

**Town of Lomira**

Mailing Address:  
 N10482 Center Drive  
 Lomira, WI 53048  
 920-948-3493  
 clerk@townoflomira.com

**Operator License Application**

License term: July 1, 20\_\_ -June 30, 20\_\_

Operator License Please circle: \$27.00 New/\$20.00 Renewal  
 New applicants must provide copy of registration or certification

Responsible Beverage Class Reg./Cert.  
 (For new applicants - Attach Registration/Certification must be completed within the previous 2 years)

**Filling out your application****INITIAL**

1. This application is filled out legibly, accurately and completely. \_\_\_\_\_
2. Attached is a list of convictions (if applicable) as presented 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 (Please Print)	First Name	Middle Name:	Race:	Gender:
--------------------------	------------	--------------	-------	---------

Residence: Street Address	City	State	Zip
---------------------------	------	-------	-----

Phone	Birth date	Social Security number (optional)
-------	------------	-----------------------------------

Establishment where employed	Employer contact name and phone
------------------------------	---------------------------------

Other names, aliases or birthdates ever used:

Previous address in past 3 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.*

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 \_\_\_\_\_

Approved/ Denied (attach reason)     Denial letter sent date: \_\_\_\_\_     Appeal Date: \_\_\_\_\_     Approved/ Denied

Date license issued: \_\_\_\_\_     Fee Paid \_\_\_\_\_ Amount \_\_\_\_\_    License # \_\_\_\_\_

Submitted:  Course Certificate (new applicants only)     Copy of Current License (transfer applicants)

## TOWN OF LOMIRA – OPERATOR’S LICENSE

To apply for a New 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 a valid, unexpired operator’s license 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. Renewal applicants must possess a current Town of Lomira operator’s license.

Licenses are issued yearly to expire June 30<sup>th</sup>.

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

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 5 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.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_