

TOWN OF ARTHUR
P.O. Box 278
Cadott, WI 54727

Lic.#

Sheriff yes / no

BARTENDERS/OPERATOR LICENSE APPLICATION

clerk@townofarthur.com / PO Box 278, Cadott, WI 54727 715-703-8063

Please Print

DOB ____ / ____ / ____.

2. **NAME**

First) _____ (MI) _____
(Last)

Address _____.

Phone #

Where will you be working? _____.

Is this license being renewed? _____ **New?**

Have you **completed** the Bartenders Awareness Training Class **OR** held a license **within the last 2 years**? YES / NO PLEASE ATTACH PROOF

Have you been convicted of violating any licensing laws or ordinance regulating the sale of alcohol beverages, or any Law relating to alcohol? YES / NO

If you have answered **yes** , complete the questions below

Date of Conviction(s) _____.

Nature of Offense _____.

Please be advised that the Chippewa Co. Sheriff's department will be contacted to verify all information on this application. If ANY information is not complete or correct, it is possible that this application will be denied.

Applicant's Statement: I hereby certify 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 WI and with all provisions of the Municipal or Ordinance of the Town of Arthur.

Applicant's Signature _____ Date / /

The fee is 10.00 (ten)

License good July 1 through June 30 annually