# TOWN OF ARTHUR Lic.#_____
# BARTENDERS LICENSE APPLICATION Sheriff yes / no

arthurclerk@hotmail.com / 14973 County Hwy K Cadott, WI 54727 / 715-944-4443

**Please Print**

1. **Social Security #** _____ **DOB** _____.
2. **NAME**_____.
   (first) (MI) (last) _____
3. **Address**_____.
4. **Phone** #_____.
5. **Where will you be working?**_____.
6. **Is this license being renewed?**_____ **NEW?**_____.
7. Have you **completed** the Bartenders Awareness Training Class **OR** held a license **within the last 2 years**? YES / NO PLEASE ATTACH PROOF
8. 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
9. If you have answered **yes** to # 8 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 for this application is NON Refundable, whether approved or denied**