



City of Owen
License Application – Bartender/Operator
 P.O. Box 67, Owen, WI 54460 Phone: (715)229-2404
(PLEASE PRINT)

Date of Application: _____ Licensing Year: _____

Check the one that applies: New Application: _____ Renewal Application: _____

Name of Applicant: _____ Date of Birth: _____
 (FIRST) (MIDDLE) (LAST)

Address: _____ Phone Number: _____

City, State & Zip _____

Name of Business _____ Telephone #: _____
 Working At: _____

Applicant's Drivers License #: _____ DL Issuing State: _____
 (ATTACH COPY OF LICENSE)

Name & address of physician signing your health certificate filed herewith (if required): _____

Answer the Following Questions Completely	Yes	No/NA	Date Rec'd
1. Have you provided the City Clerk with proof that you attended Responsible Beverage Servers Class or a copy of a previous operator's license? (Attach copy of the scheduled class enrollment, resp. beverage class certificate or copy of previous license to this application)			
2. Have you been convicted of a felony, misdemeanor or other offense, which substantially relates to the circumstances of the licensed activity? (If yes, please explain below)			

Enter applicable arrest and conviction information, including dates, here: _____

I, the undersigned, do hereby respectfully make application to the local governing body of the City of Owen, County of Clark, State of Wisconsin for a License to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statutes 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.
 I certify that I am at least 18 years of age and do not have an arrest or conviction record to SS.111.321, 111.322 and 111.335.
 I hereby certify the forgoing answers are true and correct.

 (Applicant Signature)

For office use only:	
Date Received: _____	Payment Receipt #: _____
Approved by Chief of Police On: _____	
Approved by the City Council On: _____	
Operator License No. _____	Date License Issued: _____