CONSIDERATIONS:
- An Operator License is a privilege, not a right.
- Must have completed a Wisconsin approved Responsible Beverage Server training course [https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx](https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx)
- If you are applying for just a Temporary Operator’s License you must complete and attach an Application for a Temporary Operator’s License form, in addition to completing an Application for Alcohol Beverage Operator’s License form.
- If you are an Agent you must attach a completed Original or Renewal Alcohol Beverage License Application form.

FILLING OUT YOUR APPLICATION:
- Any false answers or omissions may result in the denial of your application.
- This application must be filled out accurately and completely.
- If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the City Clerk for clarification.
- Your application will not be processed until you deal with outstanding warrants.
- You can obtain information regarding your arrest and conviction record from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access (CCAP) website at [https://wcca.wicourts.gov/](https://wcca.wicourts.gov/)

NOTE: CCAP may not provide a comprehensive list of ALL arrests and convictions.

REVIEW OF YOUR APPLICATION:
- Applicants must meet the qualifications of Wis. Stat. § 125.04(5).
- All applicants will undergo a background investigation to help insure the reliable, safe and responsible serving of malt liquors and intoxicating beverages by individuals employed to do so.
- The Brodhead Police Department completes the initial review of the application and background check to ensure the application is filled out thoroughly and honestly, as well as meets the criteria set forth in Section 125.04(5)(a), Wis. Stats.
- The Brodhead Police Department then forwards a recommendation regarding the License to the Public Safety Committee who is a recommending body to the City Council if the applicant should be approved or denied and the reason(s) therefore.
- The City Council has final authority to approve, deny, or non-renewal applicant’s license.
- If the City Council denies or non-renews an applicant a license, the applicant may reapply for a license one (1) year after denial or non-renewal.

WHY AN APPLICANT MAY BE DENIED A LICENSE:
- Any underage alcohol violation.
- Operating a motor vehicle while under the influence of drugs or alcohol.
- Selling or furnishing alcoholic beverages to underage person.
- Permitting underage person on licensed premises.
- Allowing persons on licensed premises after closing.
- Any violation of a Federal, State, County, or local alcohol law.
- Sale or possession of drugs of any kind.
- Fighting, disorderly conduct, assault, or battery.
- Resisting arrest or obstructing a law enforcement officer.
- Habitual law offender.
- Convictions not specifically listed above that substantially relating to the circumstances of the licensed activity.
- Intentionally or accidently providing false information or omission on the application.
City of Brodhead
APPLICATION FOR ALCOHOL BEVERAGE OPERATOR’S LICENSE
Rev. 02/27/2020

**THIS APPLICATION IS FOR:**
- ☐ New License $22
- ☐ New License with Provisional License $32
- ☐ Renewal License $22
- ☐ Temporary License, must attach completed APPLICATION FOR A TEMPORARY OPERATOR’S LICENSE $0
- ☐ Agent, must attach a completed Original or Renewal Alcohol Beverage License Application $0

**FEE:** (not refundable)

**APPICANT INFORMATION:**

<table>
<thead>
<tr>
<th>Full Legal Name: First, Full Middle, Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden Name</td>
</tr>
<tr>
<td>Nickname(s)</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver’s License or ID Card Number</th>
<th>State of Issuance</th>
<th>City, County and State where you were born</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

What is the best way to contact you: ☐ Phone ☐ Email ☐ Work Phone: ________________________________

**EMPLOYER:**
- ☐ Yes ☐ No Are you employed or will you be employed with a business, organization, or civic group that has a City of Brodhead alcohol or liquor license? If yes, list the name of the business, organization or civic group.

**RESIDENCE HISTORY:** Starting with your current address, list the address(es) you have lived at in the past 5 years. Attach additional sheets, if necessary.

<table>
<thead>
<tr>
<th>1. Current Street Address, including apartment number if applicable</th>
<th>From (m/yyyy)</th>
<th>To (m/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, and Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Previous Street Address, including apartment number if applicable</th>
<th>From (m/yyyy)</th>
<th>To (m/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, and Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Previous Street Address, including apartment number if applicable</th>
<th>From (m/yyyy)</th>
<th>To (m/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, and Zip Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** TURN THIS PAGE OVER ***
BACKGROUND INVESTIGATION: You may wish to visit https://wcca.wicourts.gov/ for some court action information.

☐ Yes ☐ No  I authorize a review of and full disclosure of any and all records, files and reports, which include any police contact(s) as well as arrests in order to determine my suitability to possess an Operator’s License issued by the City of Brodhead.

☐ Yes ☐ No Have you ever had an Operator’s, bartender’s or any type of alcohol license suspended, revoked or denied in this or any other municipality? If yes, list the municipality:

☐ Yes ☐ No Are you now on probation, parole or supervision in Wisconsin, the Federal system or another State? If Yes, provide name and phone number of agent supervising you:

☐ Yes ☐ No In the past five (5) years have you ever been charged or convicted of any felony, misdemeanor, or ordinance offense, including traffic offenses, but excluding parking tickets, in Wisconsin or any other State, County, or municipality? If Yes, provide the following information. Attach additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Type of Violation / Description of Incident</th>
<th>Violation Date</th>
<th>City and State of Violation</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATTACHED A COPY OF THE FOLLOWING TO THIS APPLICATION:

☐ Current Driver’s License or State ID Card
☐ Current Operator’s License from Another Wisconsin municipality OR
☐ Proof of completion of Responsible Beverage Server course
https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx

CERTIFICATION: By signing below, I certify the information provided on this application is true and correct to the best of my knowledge. I understand omitted, inaccurate, misleading, or false answer constitutes sufficient reason for denial, non-renewal, or revocation of my license. I further agree to comply with all Federal, State or local laws which regulate the sale of alcohol, fermented malt beverages and intoxicating liquors, if I am granted an Operator’s License. I also understand if my application is denied I am not entitled to a refund or if I am granted a License, said License will expire on June 30,

APPLICANT SIGNATURE: __________________________ DATE: __________________________

RETURN THIS APPLICATION TO:  City Clerk’s Office 1111 W. 2nd Ave. Brodhead, WI 53520

FOR OFFICE USE ONLY

FOR CITY CLERK’S OFFICE ONLY: Date: _____________ Initials: _____________

Total Fees Collected $_________ Rec. No. ___________________________ License No. ___________________________ Provisional No. ________

Council Date: __________________ Application for Temporary Operator’s License Attached ☐

FOR POLICE DEPARTMENT USE ONLY: Date: _____________ Initials: _____________

In-House: No History: ☐ Nothing Relevant: ☐ See Attached: ☐
CCAP: No History: ☐ Nothing Relevant: ☐ See Attached: ☐
CIB: No History: ☐ Nothing Relevant: ☐ See Attached: ☐
Police Comments: Recommends Approval: ☐ Has Concerns, referred to Public Safety Committee: ☐