

**APPLICATION FOR LICENSE TO SERVE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

For License Period Ending June 30, 2025 ~ Unless Sooner Revoked

New \$30.00

Renewal \$25.00

Provisional \$10.00

(Expires 60-days after date issued)

PLEASE TYPE OR PRINT IN INK ~ *Incomplete or incorrect information may lead to denial of this license request*

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name or Other Names Known By: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Date of Birth: ____/____/____ Age: _____ Drivers License Number: _____

How long have you continuously resided in Wisconsin prior to this date? _____

Place of Employment as Bartender: _____

Have you ever been TICKETED, ARRESTED, CONVICTED or FINED for ANY VIOLATION of FEDERAL, STATE or MUNICIPAL LAWS – including FELONY, MISDEMEANOR, CIVIL OFFENSES and ALCOHOL RELATED TRAFFIC OFFENSES? No Yes

(If “yes”, give date, municipality, and violation. Use a separate sheet if additional space is needed)

Date: ____/____/____ Municipality: _____ Violation: _____

Date: ____/____/____ Municipality: _____ Violation: _____

Date: ____/____/____ Municipality: _____ Violation: _____

READ CAREFULLY BEFORE SIGNING: I, the undersigned, am the person named in the foregoing application; that I have read and made a complete answer to each question, and that the answers in each instance are true and correct. I hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of fermented malt beverages and intoxicating liquors if a license is granted, and further understand that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, I may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant: _____ Date: ____/____/____

All fees are to be paid upon application. Verification of having completed the Beverage Server Training course must be presented prior to a Regular Operator’s License issuance according to Wisconsin § 125.17(6). A letter of employment is required from the licensed agent of the establishment. A valid Driver’s License or State ID is required. Fees are non-refundable.

For Staff Use Only: Receipt Number: _____ Amount Paid: \$ _____ Date: ____/____/____

Letter From Employer Copy of Valid Identification Responsible Server Certification Background Check Complete

Approval/Denial Date: ____/____/____ Date Issued: ____/____/____ License Number: _____

**City of Pewaukee ~ W240 N3065 Pewaukee Road ~ Pewaukee, Wisconsin 53072
Phone (262) 691-0770 ~ Fax (262) 691-1798**