



City of New Berlin

OPERATOR LICENSE APPLICATION

Payment may be made by cash or check only. Please make all checks payable to: City of New Berlin

◆ Application Type – Please check all licenses applying for

\$70 - Regular Operator License - Expires 6/30/20____

To serve/sell fermented malt beverages and intoxicating liquors within the City of New Berlin. License is granted after a record check is completed and the Common Council approves the application. Process may take up to 2 weeks.

\$15 - Provisional Operator License

This license can be applied in conjunction with the Regular Operator License as described above. A provisional license will be issued the next business day via email or you can pick it up at the Clerk's Office. A background check must be completed. The provisional license is valid for 60 days or until a regular license is issued.

\$25 - Temporary Operator License - Expires 2 weeks after the date of issuance. Indicate date(s) of event: _____

Is this a renewal application? Yes No (Answer yes if you previously held an Operator license with the City of New Berlin within the last 2 years)

◆ Applicant Information – Please print legibly

First Name _____ Middle Name _____ Last Name _____

Maiden or Previous Name (if any): _____

Date of Birth _____ Check One: Male Female

Phone Number _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

Driver License/I.D. Number _____ (Please attach copy with this application)

Place of Employment as Operator/Bartender in the City of New Berlin _____

Answer the below questions truthfully. Your answers, and or omissions, will be checked and verified through a background check. Failing to list all violations, providing inaccurate information, or omitting information from this application may be grounds for denial.

***If this is a renewal application, please provide answers since the date of your last application.**

- | | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been convicted of any violation of federal, state or local laws including alcohol/drug offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have any pending charges that are in current litigation in Wisconsin or any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to any questions above, provide further details such as date and nature of offense _____

(Use back of form if necessary)

Applicant must be able to answer "Yes" to one of the following requirements:

- | | | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. I have held an Operator/Bartender license in the City of New Berlin within the last 2 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I have held an Operator/Bartender license with another municipality in Wisconsin within the last 2 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I have completed a Responsible Server Training Course certified by the State of Wisconsin within the last 2 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to either question 2 or 3, please attach proof with this application.

◆ Applicant Consent and Signature – Please read and sign

I, the undersigned, do hereby make an application to the Common Council of the City of New Berlin for an Operator's License to serve/sell fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of New Berlin Ordinances. I certify that all of the information provided on this application is true and correct to the best of my knowledge. I authorize the City of New Berlin to conduct a background check to verify the information provided, and authorize the release of all information regarding my record.

Signature _____ **Date** _____