

**Village of Withee**  
**License Application – Bartender/Operator**  
P.O. Box A, Withee, WI 54498 Phone: (715)229-4319

(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 Working At: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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 Village 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 Village of Withee, 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 Village Board On: \_\_\_\_\_

Operator License No. \_\_\_\_\_ Date License Issued: \_\_\_\_\_