

**CITY OF RIPON
OPERATORS (bartender) LICENSE APPLICATION**

SELECT:

- New / Renewal: **\$40.00** (*All License Fees Are Non-Refundable*)
- Provisional: **\$15.00** (*Expires 60 Days After Issuance*)

125.17(5) (a) 2. 2. Subject to pars. (b) to (e), a municipal governing body that issues operators' licenses shall issue a provisional operator's license to a person who, at the time of application for an operator's license under sub. (1) and payment of the fee under sub. (3), files a certified copy of a valid operator's license issued by another municipality.

PROVIDE:

- Driver's License/ID or State ID and
- Copy of a Responsible Beverage Course Certificate or
- Copy of Operator's License or Proof that you have completed the State Responsible Beverage Course in the past 2 years or
- Copy of a VAILD Operators/bartenders license in the state of Wisconsin.

TO THE COMMON COUNCIL OF THE CITY OF RIPON, WISCONSIN:

I hereby apply for a license to serve from the date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors are subject to the limitations imposed by Sections 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, of Local affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT CLEARLY:

Last Name of Applicant: _____

First Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Are you a U.S. citizen? Yes _____ No _____

Phone No. _____ Email: _____

Previous Name or Maiden Name: _____

Other first or last names you have gone by: _____

Name of Establishment you will be working at: _____

CHECK ONE:

- I have had an operator license within the past two years.
(If in a municipality other than the City of Ripon, proof is required)
- I have completed the Beverage Service Training Course within the last two years (certificate required)

RESIDENCE: List all residences with address for the past 10 years beginning with present address, including month, year, to and from date: (If needed *Please list additional residences on a separate sheet.*) _____

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED OF ANY ALCOHOL BEVERAGE RELATED OFFENSES INCLUDING ANY OF THE FOLLOWING, AS A JUVENILE OR AN ADULT?

| | | |
|---|------------------------------|-----------------------------|
| Illegal purchase, sale or providing intoxicating liquor or beer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Violation of closing hours at licensed premises | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any other violations of laws pertaining to alcohol beverages | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Obstructing a police officer while on the licensed premises for the sale of alcohol beverages | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

DO YOU HAVE A PENDING ARREST OR HAVE YOU BEEN CONVICTED, AS A JUVENILE OR ADULT, OF:

| | | |
|---|------------------------------|-----------------------------|
| Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (wis. Stat. 346.63)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Operating a motor vehicle while underage of 21 with a blood alcohol of more than .0% but not more than .1% (wis. Stat. 346.63(2)(m))? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (wis. Stat. 346.935)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have any criminal or ordinance charges presently pending against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any county, city, village, township or town? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you have answered **YES** to **ANY** of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

| Date | Nature of Offense | County | State |
|------|-------------------|--------|-------|
| | | | |
| | | | |
| | | | |

Please list additional convictions on the reverse side of application.

I authorize investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to City Staff and the Common Council of the City of Ripon.

I authorize the City of Ripon to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

Signature of Applicant: _____ Date: _____

| For office use only: | | |
|---|---|--------------------------------|
| Date received and filed with Municipal Clerk: | Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | Receipt Number: |
| Date application reviewed by Police Department: | Police Chief Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied | Police Chief Initials: |
| Provisional license number and date issued: | License number and date issued: | Initial of Clerk/Deputy Clerk: |



RIPON POLICE DEPARTMENT

A Safe Environment Through Police and Citizen Interaction

100 E Jackson Ripon, WI 54971 920-748-2888

To: Alcohol License Applicants for the City of Ripon

From: William Wallner, Chief of Police

Subject: Background Checks for License Applicants

Please read the below information carefully

The City of Ripon Police Department is required by City of Ripon Ordinances and WI Statutes to do background checks on all alcohol license applicants. That being said you are advised of the following information: You will be required to fill out a form that asks you if you have been convicted of certain offenses. It is your responsibility to fill this form out accurately. You must obtain the information concerning your arrest record and note it appropriately on the form. You will be asked by the City Clerk (Notary) upon completion of your application, after being sworn under oath, that your answers to questions, in each instance are true and correct. You will then be asked to sign the application which will be witnessed by the Notary Public, which makes this a sworn document.

You are hereby advised that any license issued contrary to Chapter 125 of the WI Statutes shall be void, and under penalty of State law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Your license application will have a recommendation of denial from the Police Department if it is found that the information is incorrect or otherwise inaccurate. Upon request, a copy of adopted guidelines specifying reasons for denying, non-renewing or revoking an operator's license and how to appeal the denials to the City of Ripon Common Council, shall be provided to each person who applies for a license.

If you have any questions on what is required on the application it is your responsibility to ask the Clerk or contact the Chief of Police at the Ripon Police Department before signing.

I have read the above information and understand the responsibilities associated with my Alcohol License Application.

Applicant Signature

Date