



OFFICE USE ONLY 

DATE FILED: _____

INITIALS: _____

LICENSE #: _____

MUNI FINES DUE: Yes No

Provisional Issued: Yes No

Beverage Course Completed

HOLD for Beverage Course

ADVERSE: Yes No

LP: _____ CC: _____

LETTER: _____

BARTENDER (OPERATOR)

CLK217 (rev. 1/20)

CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00 New Renewal

Expires: June 30, 2025

Last Name: _____ First Name: _____ MI: _____
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: _____ Driver's License or State ID Number: _____
STATE NUMBER

Home Address: _____
STREET CITY STATE ZIP

Phone: _____ Email: _____
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: _____ Unsure

Please read the following and attest below that you have read and understand:

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements. Yes _____
INITIAL

Last Name _____ First Name _____ MI _____

RECORD CHECK: Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors** or **felonies** in any state? **Yes** **No** If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state? **Yes** **No**
If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail** or **prison** in any state? **Yes** **No**
If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state? **Yes** **No**
If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

6. Have you lived at your current home address for the **past (5) five years**? **Yes** **No**
If no, please list all addresses which you have resided at in the past (5) five years:

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Applicant Signature

Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit:
<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>
for a list of acceptable courses.