



# City of La Crosse, Wisconsin

## APPLICATION FOR *BEVERAGE OPERATOR* LICENSE

\*If this is a New application, a copy of your certificate of completion by an approved WI Responsible Beverage Training Course within the last two years must accompany this application. Course information can be found here:

<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>

\*If transferring a license from another Wisconsin municipality, a copy of the license must accompany the application.

Check One:  New  Renewal

2-YEAR

Allow up to 15 days for processing.

Note: When applying within a license year, the period may be shorter than 2 years.

14-DAY TEMPORARY

Issued to operators employed by, or donating services to, non-profit corporations. Max two per year.

Year ending June, 20 \_\_\_\_\_

Period: From \_\_\_\_\_ To \_\_\_\_\_

<b>NAME</b>	First	<u>Full</u> Middle	Last	Alias, if applicable
<b>AGE</b>				
<b>DATE OF BIRTH</b>				
<b>PHONE NUMBER</b>				
<b>EMAIL</b>				
<b>ADDRESS</b>	Street	City	State	Zip
<b>MAILING ADDRESS</b> , If different. Your license will be mailed to this address.				
<b>PLACE OF EMPLOYMENT</b> Where you will be using the license; must be in the City of La Crosse.				
<b>IDENTIFICATION</b> Driver License/State ID Number. If never been issued DL/ID, provide SSN.	Number		State	
<b>Violations – please read carefully!</b> The City performs background checks on all applicants. If you do not give accurate information on this application, it may result in the DENIAL of this application. List ALL violations (federal, state, local) INCLUDING speeding/other traffic violations, alcohol, drug, etc. Include any pending violations or charges that were dismissed. <b>**IF THIS IS A RENEWAL, list only violations since date of your last application.</b>				
<b>HAVE YOU EVER BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/></b>		<b>IF YES, FOR A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
<b>DESCRIPTION OF OFFENSE</b>	<b>CONVICTION, PENDING, ORDISMISSED</b>	<b>DATE OF OFFENSE</b>	<b>CITY &amp; STATE OF OFFENSE</b>	

I certify the above information is true, correct, and complete and that inaccurate, misleading, or false information constitutes sufficient reason for rejection, denial, non-renewal, or revocation of the license. I understand that refunds are not allowed for any portion of the application fee paid even if denied for my arrest or conviction record and/or for any outstanding debts owed to the City. Further, I understand that this license is only valid in the City of La Crosse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

