_____License Number

# VILLAGE OF SPRING VALLEY

## 2025-2026 Operator's (Bartender's) license Application

### Answer all questions completely
### Fees are non-refundable
Pursuant to Wisconsin Statutes subject to limitations imposed by §125.68(2)

**APPLICATION TYPE**

❑ Provisional        $15.00
❑ Temporary (Non-Profit)   $ 0.00
❑ Operator's:
     _____New license      $ 40.00
     _____Renewal license   $ 25.00

**TOTAL AMOUNT PAID   $_____**

DATE RECEIVED   _____

CASH     CHECK #_____

## Applicant Information

Legal Name: _____ Sex: ____ Male ___ Female
           First             middle            last

Maiden name or any other previous names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone Number: _____

Driver License Number and State: _____

At which business will you be selling alcohol: _____

Telephone number: _____ E-Mail _____

### INCOMPLETE AND INCORRECT APPLICATION WILL BE REJECTED

➢ I have read and understand these instructions and disclosure requirements: Your application **MUST** be legible and filled out completely, including middle name and driver's license number.
➢ Your application **WILL** be investigated by the Spring Valley Police Department.
➢ For both misdemeanor and felony offenses, regardless of your age:
  • You must disclose **ALL** criminal, drug, ordinance and alcohol convictions.
  • You must disclose all **PENDING** criminal, drug, and alcohol-related charges.
➢ If you are in doubt about the nature of the charges or the timing, you should disclose the incident to the best of your abilities and time frame.
➢ **Your license will be denied** if you fail to disclose **ALL** convictions OR any pending charges for criminal, drug, ordinance or alcohol related offenses.

**If your application is denied for any reason you will have to resubmit application and fee**

## NEW applicants only complete questions 1-6

**1.** Have you successfully completed a Responsible Beverage Service Course
   in Wisconsin within the last two (2) years? *(Attach certificate of completion)*      Yes      No

**2**. How long have you continuously resided in Wisconsin? _____

**3**. Have you EVER been convicted of any felony, misdemeanor, ordinance or
   traffic violations?                                                                                    Yes      No
   If yes please explain_____

**4**. Are there any pending criminal charges against you?                              Yes      No
   If yes please explain_____

**5.** Are there any pending drug/alcohol related offences against you?
   If yes please explain_____      Yes      No

**6**. Have you been convicted of drug/alcohol related offences in the last 5 years?
   If yes please explain_____      Yes      No

## RENEWAL applicants only complete question 7

**7**. **Renewal Applicants only**: Since your last application have you had any felony,
   misdemeanor, ordinance, criminal charges, or drug/alcohol offenses?          Yes      No
   If yes explain_____

---

**ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE.**
**Please check this web site if you are unsure:        https://wcca.wicourts.gov/index.xsl**

---

I, the undersigned, affirm that I made complete and true answers to each question, and understand my past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check and criminal history background check by the Spring Valley Police Department.  I give permission to make my juvenile records available for this application.

_____        _____
*Applicant's Signature*                                                                  *Date*

**Please note:** If your license is approved, you will be contacted when it is ready to be picked up at the
            Village Office. You will have 3 business days to pick it up. If you are caught bartending
            without having a license in your possession, you can be fined.

_____
*Clerk Signature*

_____

Police Department Review    Recommend Approval _____    Recommend Denial_____

Reason for Denial:_____

*Signature of Reviewing Officer/Chief* _____ *Date_____*