

DATE OF APPLICATION \_\_\_\_\_

I hereby apply for a license to serve, for the one-year term JULY 1, 20\_\_\_\_ through JUNE 30, 20\_\_\_\_, fermented malt beverages and intoxicating liquors, subject to the limitations imposed by WI Stats 125 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.

**PRINT CLEARLY AND ANSWER ALL QUESTIONS:**

- 1. Is this a:  NEW LICENSE or  RENEWAL LICENSE  
(You must apply for a regular Operator's License when applying for a Provisional (60-day) license)
- 2. Are you also applying for a PROVISIONAL LICENSE? NO  YES  (Additional \$10.00)  
(The City of Cumberland, when issuing a provisional, may revoke the license if the applicant fails to successfully complete the Responsible Beverage Server Course, or has made false statements on this application.)
- 3. Establishment under which you are applying for License: \_\_\_\_\_  
NAME: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_  
City / St \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No: \_\_\_\_\_

- 4. Have you **EVER** been convicted of a felony? *Circle one:* YES NO  
If yes, please list conviction date, court of jurisdiction and type of violation.  
\_\_\_\_\_
- 5. Have you **EVER** been convicted of violating a state law or ordinance pertaining to use of illegal drugs?  
*Circle one:* YES NO If yes, please list conviction date, court of jurisdiction and type of violation.  
\_\_\_\_\_
- 6. Have you **EVER** been convicted of a sex-related crime? *Circle one:* YES NO  
If yes, please list conviction date, court of jurisdiction and type of violation.  
\_\_\_\_\_

- 7. Have you **EVER** been convicted of any of the following alcohol related offenses? *Circle one:*

Operating Motor Vehicle While Intoxicated	YES	NO
Absolute Sobriety (Motor vehicle offense)	YES	NO
Serving Alcoholic Beverages After-Hours	YES	NO
Underage Consumption or Possession of Alcoholic Beverages	YES	NO
Sale or Delivery of Alcoholic Beverages to a Minor	YES	NO
Open Intoxicants in a Motor Vehicle	YES	NO

If yes, please list conviction date, court of jurisdiction and type of violation.  
\_\_\_\_\_

8. RESPONSIBLE BEVERAGE SERVER COURSE COMPLETION DATE: \_\_\_\_\_

The below signed being first duly sworn on oath, says that he/she is the person who made the foregoing application for a bartender's license and that *all statements made by the applicant are true and correct* and is the person who signs the application. The applicant may be prosecuted for submitting false statements and affidavits in connection with this application, which may result in denial of this license.

\_\_\_\_\_  
Signature of Applicant

State of Wisconsin, County of Barron,  
Subscribed and sworn to me this day, the  
date last above written.

\_\_\_\_\_  
Notary Public Date Commission Expires

**FOR OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_

Provisional? Y / N

Receipt # \_\_\_\_\_

CITY OF CUMBERLAND

APPROVE

DENY

\_\_\_\_\_  
*Rick Rieper, Chief of Police*

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**PLEASE NOTE:**

**THE FOLLOWING ARE THE ONLY EXEMPTIONS FROM TAKING THE RESPONSIBLE BEVERAGE SERVER COURSE:**

- 1) PERSON IS RENEWING THEIR OPERATOR'S LICENSE
- 2) HELD A RETAIL LICENSE / PERMIT OR OPERATOR'S OR MANAGER'S LICENSE DURING THE PAST TWO YEARS
- 3) WAS AGENT OF A CORPORATION HOLDING A RETAIL LICENSE DURING THE PAST TWO YEARS
- 4) COMPLETED SUCH A COURSE DURING THE PAST TWO YEARS