

Application to Serve Fermented Malt Beverages and Intoxicating Liquors

*City of Hudson
505 Third Street
Hudson, WI 54016*



FEE IS NON-REFUNDABLE

Date Received ____/____/____

New Application \$35.00/2 years

Receipt # _____

Renewal \$35.00/2 years

Temporary \$20.00/14 days

Provisional \$25.00/60 days

Beverage Server Certificate

SECTION 1 APPLICANT INFORMATION

Applicant Name (Last, First, MI)		Maiden:	
Street Address:			
City:	State:	Zip:	
Driver's License Number: (Attach a copy)		State License Issued In:	
Date of Birth:	Email:	Home Phone Number:	Cell Phone Number:
Name and Address of Establishment you will be selling alcohol:			

SECTION 2 CONVICTION RECORD

Have you EVER had an Operator's (Bartender's) License? Yes No If Yes; where? _____

Have you EVER been convicted of a felony, misdemeanor, or ordinance violations of any Federal Law, any Wisconsin law or any laws of any other states or of any municipality? (e.g. speeding, OWI, sale of alcohol products) Yes No If Yes; when, where and what type of violation? (Please be specific)

Have you EVER been convicted of a violation of any law or ordinance regulating the sale of liquor or fermented malt beverages?

Yes No If Yes; when, where, and what type of violation?

SECTION 3 RENEWAL INFORMATION

I Have Completed a Responsible Beverage Servers Training Course: ID# _____ (Include a copy of your Certificate)	I am presently Enrolled in a Responsible Beverage Servers Training Course at: _____	I am Exempt from this provision because I have continuously held an Operator's License in the following municipality: _____
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SECTION 4 OATH

St. Croix County, State of Wisconsin

_____, being first duly sworn on oath, says that he/she is the person who made and signed the foregoing application for an Operator's License; that all the statements made by applicant are true.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ of _____, 20_____

Notary Signature: _____ Date Expires: _____

FOR OFFICE USE ONLY

Operator's License Fee Collected (New) \$35.00/ (Renewal) \$35.00/ (Provisional) \$20.00/ (Temporary) \$20.00		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Background Check: _____	Approved by Clerk: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clerk Signature: _____
Council Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued: _____	License Number: _____
Fees Paid: AR <input type="checkbox"/> Court <input type="checkbox"/> Parking <input type="checkbox"/> Utility <input type="checkbox"/> Taxes <input type="checkbox"/>		