



**OPERATORS (BARTENDERS) LICENSE APPLICATION FEE: \$71.00**

NEW FOR CITY OF EAU CLAIRE

RENEWAL  
(CHECK NEW IF LICENSE EXPIRED MORE THAN 2 MONTHS AGO)

**PLEASE** be advised that the Police Department will review and verify the information on your application. If any information is omitted, incomplete, or incorrect it is likely that the police department will reject your license application.

1. If you checked NEW above, have you completed a Bartenders Training Course approved by the State of Wisconsin, or held a bartenders license in the State of Wisconsin within the last 2 years (written proof required)?  Yes  No

**\*\* PLEASE PRINT CLEARLY \*\*** Email address: \_\_\_\_\_

Drivers License or I.D.#		DL State	Date of Birth	Phone No. (    )    -	
Male <input type="checkbox"/>	First Name		Middle Initial	Last Name	
Female <input type="checkbox"/>					
Street Address			City	State	Zip
Name of Business (Where are you using this license?)			Street Address of Business		

2. Have you EVER been convicted of violating any:

You must list everything, including underage drinking

Federal Laws ANYWHERE?  Yes  No  
 Wisconsin State Laws?  Yes  No  
 Laws of ANY other State?  Yes  No  
 Ordinances ANYWHERE?  Yes  No  
 Other : \_\_\_\_\_

★ If you answered YES to any question listed in #2 above, you must fill out the back of this form

3. Have you EVER been on Supervision or Probation?  Yes  No

4. Have you EVER changed your name?  Yes  No

If yes, list other names you have had: \_\_\_\_\_

5. Are there any CRIMINAL charges PRESENTLY PENDING against you?  Yes  No

★ If you answered YES to #5 above, you must fill out the back of this form

**APPLICANT'S STATEMENT**

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and to the provisions of the Municipal Code of Ordinances of the City of Eau Claire.*

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit form with attachments and payment to:**  
 Paperwork: [licensing@eauclairewi.gov](mailto:licensing@eauclairewi.gov)  
 Payment: [www.eauclairewi.gov/payment](http://www.eauclairewi.gov/payment)  
 Drop box: 203 S Farwell St., EC, WI 54701  
 Mail: City of Eau Claire, PO Box 909, EC, WI 54702  
 Phone: 715-839-4923

**Fee: \$71.00 (nonrefundable)**  
**Tran Code: 1120**  
Office use only

cc PD: \_\_\_\_\_ Temp Lic # \_\_\_\_\_

Council Date: \_\_\_\_\_ Perm Lic # \_\_\_\_\_

**LIST ALL PAST VIOLATIONS**

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

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Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Offense \_\_\_\_\_

**PENDING CHARGES**

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Nature of Charge \_\_\_\_\_

**STAFF USE ONLY**

COMMENTS: \_\_\_\_\_

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POLICE DEPARTMENT  
COMMENTS: \_\_\_\_\_

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POLICE DEPARTMENT APPROVAL: \_\_\_\_\_