

TOWN OF LAFAYETTE

County of Walworth

State of Wisconsin

INFORMATION FOR APPLICANTS FOR OPERATOR OR ALCOHOL LICENSES

The application asks questions regarding past convictions under State, Federal and Local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, so please read carefully. The Town performs background checks on all applicants. **Should you give any false statements or omissions on the application, it will automatically void consideration for its approval.**

Parameters for Denial of an Class A/Class B/Class C/Operator License

If the applicant has two (2) or more of any combination of the following convictions the license will be denied until a two (2) year period has elapsed from the most recent conviction. Convictions must be within a five (5) year period unless a pattern of conduct exists. Also, if an applicant has one (1) felony conviction, their license will be denied until the applicant has been duly *pardoned*.

- Lying, giving false or incomplete information, or misinformation on the Application
- Underage consumption/possession of alcohol
- Furnishing or sale of alcohol to minors
- Any substance abuse
- Driving under the influence of any alcohol or controlled substance
- Allowing any other individual the use of their operator license
- Selling to an intoxicated person
- Selling after hours
- Selling without a license
- Giving away intoxicating liquor to evade provisions of the law
- Convictions of any part of Chapter 125, WI State Statutes, relating to alcohol beverages
- Arrests or convictions of charges related to the activities performed while bartending
- Any felony conviction until the applicant has been duly pardoned
- Convictions with supervision agreements shall be considered a conviction until the applicant has satisfactorily completed supervision and is released by the respective court
- Unpaid taxes, assessments, utility, or other charges or failure to pay overdue forfeitures due the Town

Any person denied a license can appeal the decision. The request for appeal will be made through the Town Clerk's office in writing and will be placed on the agenda of a regularly scheduled Board meeting as soon as possible, allowing for publication deadlines.

By signing an Application for an Operator License, I understand that I am authorizing permission to conduct a background check. And I release any Municipal, State or Federal law enforcement agency, Town officers and employees, both individually and collectively, from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

If your Application is denied by the Town Board, the fee is non-refundable.

Make checks payable to: Town of LaFayette

Approved Operator Licenses will be sent to the email address listed on the application. The license may be printed on paper of the applicant's choosing. A printed copy can be obtained from the Town at the applicant's request. Contact the Clerk to set up a time to pick up a printed copy.

TOWN OF LAFAYETTE
APPLICATION FOR OPERATOR LICENSE FOR LICENSE YEAR JULY 1, 2024 – JUNE 30, 2026

Application fee: \$60.00 / \$40.00 (after 7/1/25)

PLEASE READ THE INFORMATION PAGE as it includes details on avoiding the application being returned or denied.

Have you ever been convicted of a Felony, and not pardoned? **NO** **YES - IF YES, YOU CANNOT BE ISSUED A LICENSE per Wis. Stat. 125(5)(b).**

SELECT ONE: **RENEWAL**
 Explanation: Had a Wisconsin Operator License or RBT training within the past two (2) years: Attach a copy.

OR
NEW APPLICANT
 Explanation: Never had a Wisconsin Operator License, or License is over 2 years expired.*

**PROVIDE a copy of Certification for completion of a Wisconsin approved Responsible Beverage Server's Training Course (RBT).
 Either document MUST be current within 2 years of the date of Board approval - WI State Statute § 125.04(5)(a).*

A **PROVISIONAL LICENSE** may be issued if you are enrolled but have not yet completed a RBT course. Course must be completed within 60 days. Check here _____ and pay an additional fee of \$15 to receive a PROVISIONAL LICENSE. Wis Stat. 125.17(6)(b)

APPLICANT'S COMPLETE NAME (First, FULL Middle Name, Last)		(Previous Name if applicable)		
DATE OF BIRTH	AGE	GENDER		
APPLICANT'S STREET ADDRESS		CITY	STATE	ZIP
EMAIL (license will be sent to this email; please print legibly)		TELEPHONE		
NAME OF ESTABLISHMENT WHERE YOU WILL USE THE LICENSE AT*		*Please specify Alpine Valley RESORT or MUSIC, do not just list Alpine Valley		

A CLEAR COPY OF YOUR STATE DRIVER'S LICENSE OR STATE ISSUED ID MUST ACCOMPANY THIS APPLICATION!

• Have you ever had an Operator License revoked or suspended? NO YES
 If yes, explain: _____

• Have you ever been **CONVICTED of ANY** Federal, State or Local law ordinance violations? NO YES
 ➤ If yes, explain: **BE SURE TO INCLUDE ALL OFFENSES.**

DATE	NATURE OF OFFENSE	LOCATION: CITY, COUNTY, STATE

IF MORE ROOM IS NEEDED TO ANSWER ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH ANOTHER PAPER TO CONTINUE.

APPLICANT ATTEST: I hereby make an application for an Operator License from the Town of LaFayette, County of Walworth, to dispense alcohol beverages on premises requiring a retail alcohol license in the State of Wisconsin, subject to provisions of and limitations imposed by Chapter 125, WI State Statutes, and all ordinances of the Town, and all acts amendatory thereof and supplementary to. I also read the information sheet about applying for this license.

I further certify that all information I have provided is true. I give the Town of LaFayette permission to perform any necessary checks to verify the above statements. **I UNDERSTAND THAT IF ANY FALSE STATEMENTS OR OMISSIONS ARE MADE ON THIS APPLICATION, IT WILL AUTOMATICALLY VOID CONSIDERATION FOR ITS APPROVAL.** I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date Received by Town: _____ Amount Paid/Type: _____ License No.: _____ If denied, attach documentation