

APPLICATION FOR BEVERAGE OPERATOR'S LICENSE (Expiring 06/30/2026)

Name _____ Age _____
(First) (Middle) (Last)

Maiden/Other Possible Names _____ Phone _____

Address _____ Date of Birth _____

City/State/Zip _____ Place of Birth _____


Have you been denied a beverage operator's license? YES / NO Why? _____ Where? _____

Have you had a beverage operator's license revoked? YES / NO Why? _____ Where? _____

WHERE will you be employed as a beverage operator? _____

Arrest/Police Record (including juvenile). If none, write "NONE". _____

I hereby apply to the Common Council of the City of Wisconsin Rapids for a beverage operator license for the period ending June 30, 2026, as provided by Section 125.32(2) and 125.68(2) of Wisconsin Statutes and local ordinance. I certify that the information above is true and correct and that I am at least 18 years of age and have not been convicted of a pertinent felony and am not a habitual law offender. I understand that I must have completed a responsible beverage service course or held an operator's license, retail liquor license, or manager's license within the last two years to qualify for issuance of a license. I further understand that the City of Wisconsin Rapids has a policy of denial of licenses for certain violations of the law. I further certify that I am familiar with, or will become familiar with prior to issuance of a beverage operator license, the laws, ordinances, and regulations pertaining to the sale of alcohol beverages, and hereby agree to obey all provisions of said laws, ordinances, and regulations.

I understand that fees will not be refunded or applied to another application after 4 months from this date. 

Signature of Applicant _____ Date _____

POLICE DEPARTMENT investigation of the applicant's record has been completed and shows: _____	

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Chief of Police	

For Office Use Only
NEW or RENEWAL
F & P Committee Date _____
Common Council Date _____
Class Date _____
License # _____
Comments _____

For Office Use Only
<input type="checkbox"/> 18 months (or less) \$25.00
<input checked="" type="checkbox"/> 24 months \$35.00
<input type="checkbox"/> Provisional license \$ 5.00
Fee Paid _____
Receipt # _____
Date Paid _____