



# Beverage Operator's License Application

Town of Lodi  
W10919 County Road V  
Lodi, WI 53555  
Phone: 608-592-4868  
Fax: 608-592-2024  
Email:  
[townoflodi@townoflodi.com](mailto:townoflodi@townoflodi.com)

Applicant must be 18 years of age when the operator's license is issued.

A criminal background check is completed through the Wisconsin Department of Justice for each applicant, regardless of new or renewal. Any incomplete, inaccurate, or untruthful information on the application could be cause for denial. A fee of \$50.00 is payable upon submittal. The operator's license is valid for one year and expires on June 30.

Date Filing: \_\_\_\_\_

**Fee: \$50.00**

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Other Named Alias: \_\_\_\_\_

Sex: M\_\_\_\_ F\_\_\_\_ Race: White\_\_\_\_ Black\_\_\_\_ Asian or Pacific Islander \_\_\_\_ Other \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If **new** application, have you completed & passed the required beverage server training course?

Yes No

If no, go to the Department of Revenue website for a list of approved courses,  
<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>.

Have you ever been convicted of a **felony** (circle one): Yes No

If yes, **when, where** and what **type of violation**: (use back, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a **misdemeanor** or **ordinance violation** in the past 5 years?

(circle one): Yes No

If yes, **when, where** and what **type of violation**: (use back, if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Establishment working at: \_\_\_\_\_

Initial the following:

\_\_\_\_\_ I certify that I have no delinquent taxes, assessments or other claims in whole or part owed to the Town of Lodi or any delinquent fine resulting from a violation of any Town of Lodi ordinance.

\_\_\_\_\_ I certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of intoxicating liquors and fermented malt beverages and hereby agree to obey all provisions of said laws.

\_\_\_\_\_ Under penalty of law, I swear the information provided in this application is true and correct to the best of my knowledge and belief.

**X**

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received:		Date to Board:	
Receipt No.:		Date Issued:	