



CITY OF WAUKESHA
CLERK TREASURER'S DEPARTMENT
 201 Delafield Street, Waukesha WI 53188
 City Hall Room 104
 Tel: (262) 524-3550 Fax: (262) 524-3888
 www.waukesha-wi.gov

OFFICE USE ONLY! - BTC
 Clerk Initials: Bas
 AAC Date: _____
 Record Ck requested: _____
 License #: _____

BARTENDER / OPERATOR LICENSE APPLICATION

To serve/sell fermented malt beverages/intoxicating liquors in the City of Waukesha. Fee: \$82

For license period ending ~~March 31, 2020~~ June 30, 2021

Check if this is a temporary license for non-profit event. Fee \$22, limit 2/year, 14-day max.

Applicant Information

First Name RONALD Middle Name Allan Last Name HERMAN
 Maiden Name or other names known by: _____
 Date of Birth 03/10/1951 Check One: Male Female
 Phone Number 262-549-1176 Email hrmns5@yahoo.com
 Home Address 1307 N. GRANDVIEW BLVD
 City WAUKESHA State WI Zip Code 53188

Violations

I understand that failure to list all violations may result in the rejection of this application. Bas (please initial)

1. Have you ever been arrested, cited or convicted of charges related to activities performed while bartending? Yes No
 2. Have you had any arrests, charges, or citations related to controlled substance or involving alcoholic beverages? Yes No
 3. Have you ever been convicted of a felony? Yes No
 *If you answered yes to any questions above, please give date and details: _____

4. List all arrests, convictions, dismissals and pending cases from age 18 to present below (do not include speeding & parking violations).
 *Failure to list all matters truthfully will result in the rejection of this application & a fee of \$20 will be charged upon reapplication.
 A complete record check will be run by the Waukesha Police Dept. and compared to the information you provide on this application.

Violation	City	Date
<u>NONE</u>		

*Continue on back of form if necessary.

Employment

Place of Employment as a bartender or seller of alcohol: WAUKESHA OLD CAR CLUB CAR SHOW AT FRAME PARK

Applicant Signature

- I, the undersigned, do hereby make an application to the City of Waukesha for an Operator's License to serve or sell fermented malt beverages and intoxicating liquors subject to Wisconsin Statutes and City of Waukesha Ordinances.
- I give the City of Waukesha permission to conduct a background check to verify the information I have provided, and authorize the release of all information regarding my record.

Signature Ronald A. Herman Date 2/5/2020

<input type="checkbox"/> Prov. Approved	<input type="checkbox"/> Prov. Denied	Prov. License Mailed: _____	Council Date: _____	Final License Mailed: _____
<input type="checkbox"/> Temp. Approved	<input type="checkbox"/> Temp. Denied	Temp. License Mailed: _____	Council Date: _____	