



City of La Crosse, Wisconsin

APPLICATION FOR BEVERAGE OPERATOR LICENSE

Check One: New Renewal

Fee: \$ _____

Invoice: _____

2-YEAR

Approved by the Common Council.

Note: When applying within a license year, the period may be shorter than 2 years.

60-DAY PROVISIONAL

Must also apply for the 2-year; issued once the background investigation is complete and approved.

14-DAY TEMPORARY

Issued to operators employed by, or donating services to, non-profit corporations. Max two per year.

Year ending June, 20 _____

Period ending: _____

Period: From _____ To _____

NAME	First <u>Elyse</u>	Full Middle <u>Anene</u>	Last <u>Burkhardt</u>
AGE	<u>24</u>		
DATE OF BIRTH	[REDACTED]		
PHONE NUMBER	<u>(608) 397-5936</u>		
EMAIL	<u>elyseburkhardt5@gmail.com</u>		
ADDRESS	Street <u>1213 Meadow Lane</u>	City <u>Onalaska</u>	State Zip <u>WI 54650</u>
MAILING ADDRESS If different.	<u>1020 Farnham St LaCrosse WI 54651</u>		
PLACE OF EMPLOYMENT Where you will be using the license; must be in the City of La Crosse.	<u>Broncos on 3rd</u>		
IDENTIFICATION Driver License/State ID Number	Number [REDACTED]	State <u>WI</u>	
Violations - please read carefully! List ALL violations (Federal, State and City) INCLUDING speeding or other traffic violations, alcohol, drug, etc. Include any pending violations and/or charges that were dismissed. Failure to list all violations may result in the rejection of this application. **IF THIS IS A RENEWAL, list only violations since date of your last application.			
HAVE YOU EVER BEEN ARRESTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES, FOR A FELONY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DESCRIPTION OF OFFENSE	DATE OF OFFENSE	CITY & STATE OF OFFENSE	

I certify the above information is true, correct and complete and that falsification may result in denial of such license. Further, I understand that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending violations and/or for any outstanding debts owed to the City.

Signature: Elyse Burkhardt Date: 01/17/23

Approval of Municipal Authority - Investigations done by the La Crosse Police Department.

Upon investigation of statements made on this application and municipal and state criminal records, license is hereby: APPROVED DENIED

Office Use Only Training: 1/6/23 Granted: _____ 2-Year License Number: _____



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Elyse Burkhardt

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

01/06/2023

Training Date