



BEVERAGE OPERATOR'S LICENSE APPLICATION

Applicant: Wingate Nicholas Matthew
Address: [REDACTED] Whitewater, WI 53190
Permanent Address, If Not Current: _____
Telephone: [REDACTED] Email: [REDACTED]
Date of Birth: [REDACTED] Place of Birth: Milwaukee, WI
Driver's License #: [REDACTED] State: WI

List ALL Addresses You Have Lived At Over The **Past Five Years:**

Dates: _____ Address: _____
Dates: _____ Address: _____
Dates: _____ Address: _____
Dates: _____ Address: _____
Dates: _____ Address: _____

Have you Completed a Beverage Server Training Course? Yes: ☒ No: _____

If Yes, What Company? 360 Training Date: 10/2/2025

Do You Currently have a Beverage Operator's License in another Municipality?

If Yes, What Municipality Issued the License? N/A

City of Whitewater Employing Establishment: The Brass Rail

Check One: 1 Year License - \$20 ☒ 2 Year License - \$30 _____



HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIME, TRAFFIC VIOLATION, OR VIOLATION OF A MUNICIPAL ORDINANCE (Excluding parking tickets)?
YES _____ NO ☒ If YES, please provide the following: (Additional paper provided if needed)

Date of Arrest: _____ Arresting Agency: _____
Offense: _____

Date of Arrest: _____ Arresting Agency: _____
Offense: _____

Date of Arrest: _____ Arresting Agency: _____
Offense: _____

I CERTIFY THAT I HAVE ATTAINED THE AGE OF 18; AND I SPECIFICALLY STATE THAT I HAVE LISTED ABOVE INFORMATION ON ANY CHARGES OR CONVICTIONS RELATING TO ANY FELONY, MISDEMEANOR, MUNICIPAL CITATION, OR ANY OTHER OFFENSE; AND THAT I AM FAMILIAR WITH THE LAWS, ORDINANCES AND ALL PROVISIONS OF SAID LAWS, AND THAT ALL INFORMATION STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FURTHER, I HEREBY AUTHORIZE A CRIMINAL HISTORY CHECK AND HEREBY CONSENT FOR THE CITY OF WHITEWATER TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK THAT MAY INCLUDE PHOTOGRAPH(S) AND FINGERPRINTS. I HEREBY ALSO RELEASE THE CITY OF WHITEWATER, AS WELL AS ANY OTHER MUNICIPAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCIES, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY BE INCURRED BY ME, MY HEIRS, SUCCESSORS AND ASSIGNS DUE TO COMPLIANCE WITH SAID AUTHORIZATION AND RELEASE OF INFORMATION. I ALSO ACKNOWLEDGE THAT \$7 OF THE FEE PAID IS TO COVER THE COST TO THE STATE FOR THE MANDATED BACKGROUND INVESTIGATION.

Signature (Individual in Charge)

Date: 10/6/2025

Received by: A Date: 10/6/25 Sent to PD: 10/6/25

PD Approval: _____ Denial: _____ Date: 10/17/2025

Receipt #: 6.017928



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Nicholas Wingate

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
10/02/2025



Expiration Date
10/02/2027



Certificate #
WI-00643472

A handwritten signature in black ink, appearing to read 'Nicholas Wingate'.

Official Signature

This certificate is non-transferable and 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.