

# CITY OF ALTOONA

## OPERATORS (BARTENDERS) LICENSE APPLICATION

LIC. # \_\_\_\_\_

Type of License:  NEW  
 RENEWAL (CHECK NEW IF LICENSE EXPIRED MORE THAN 2 MONTHS AGO)

FEE: Temp License (good for 60 days) \$10.00. Regular License (July 1 thru June 30 of each year) \$25.00

1. If you checked NEW above -- have you completed the Bartenders Training Course in the State of Wisconsin or held a bartenders license in the State of Wisconsin within the last 2 years?  Yes  No  
(Attach copy of class certificate or bartender license from another municipality)

\*\*\*PRINT CLEARLY\*\*\*

Drivers License or I.D.#		DL State	Date of Birth	Phone No. ( ) -	
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name		Last Name	
Street Address			City	State	Zip
Name of Business (Where are you using this license?)			Street Address of Business		

2. Have you EVER been convicted of violating any:

You must list everything including underage drinking.	Federal Laws ANYWHERE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Wisconsin State Laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Laws of ANY other State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Ordinances ANYWHERE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other :	_____	

**\*If you answered YES to any question (listed in #2 above) fill out the back of this form.**

3. Have you EVER been on Supervision or Probation?  Yes  No

4. Have you EVER changed your name?  Yes  No

If yes, list other names you have had: \_\_\_\_\_

5. Are there any CRIMINAL charges PRESENTLY PENDING against you?  Yes  No

If yes, fill out the back of this form.

**PLEASE be advised that the Police Department will review and verify the information on your application. If information is not complete or correct it is likely that the police department will not approve your license application. Failure to list prior convictions is a basis for denial.**

### Applicant's Statement

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Altoona.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**List all past violations**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

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Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

**PENDING CHARGES**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

<b>STAFF USE ONLY</b>
<b>Date of meeting:</b>
<b>Fee (paid)</b>