

OPERATORS (BARTENDERS) LICENSE APPLICATION

REGULAR LICENSE period of July 1, 2025 - June 30, 2027

\$50.00

Date Paid: _____ Cash/Check # _____ Receipt # _____
Acct Code 100-00-44115-000

PROVISIONAL LICENSE INFORMATION: If applying for a **NEW** and **not a renewal** license between **May 1 to June 30**, a provisional license may be necessary until the REGULAR license takes effect on July 1. A provisional license is issued for a period of 60 days. Fees due at time of application: \$15 provisional + \$50 regular = \$65.

PLEASE PRINT CLEARLY. THANK YOU.

Name of business where you will be utilizing this license? (answer required)

If you work for Kwik Trip, please provide the store # or street address.

First Name (must match ID)		Middle Name (must match ID)		Last Name (must match ID)		Male <input type="checkbox"/>	
						Female <input type="checkbox"/>	
Email Address				Telephone No.			
Street Address of Where You Live			City		State		Zip
Date of Birth		Driver's License or ID #		DL State		DL Expiration	

1. Have you ever been issued a **REGULAR LICENSE** from the City of Altoona?
 NO: you are a **NEW** applicant >> **Please answer questions 2, 3 and 4**
 YES: please record the expiration date of that license here: _____
 If the license expired **MORE** than 2 years ago, you are a **NEW** applicant >> go to question 2
 If the license expired **LESS** than 2 years ago, you are a **RENEWAL** applicant >> go to question 5.

2. NEW Within the past two (2) years, have you completed the **Bartender's Training Course** in the State of Wisconsin OR do you have a **REGULAR LICENSE** from another Wisconsin municipality?
 NO **STOP** Your application cannot be processed at this time
 YES >> Please attach a copy of your Wisconsin class certificate OR a copy of a current bartender license from other community > go to question 3

3. NEW Did you attach a copy of your Wisconsin class certificate or current **REGULAR** license from another community?
 NO **STOP** Your application cannot be processed at this time
 YES >> go to question 4.

4. NEW Will you be working unsupervised before a **REGULAR** license is issued?
 NO >> go to question 5
 YES >> When submitting this application to Altoona City Hall, please speak to the City Clerk so that your work status can be clarified >> go to question 5.

5. Have you lived out of state in the past 5 years?
 NO >> go to question 6
 YES, please list the locations _____
 City State City State

6. Have you violated any laws, including **UNDERAGE DRINKING**?
 NO >> go to question 7 **Failure to list prior convictions is a basis for denial**
 YES >> What state(s) have you violated laws in? _____

LIST ALL PAST VIOLATIONS If you need more room, please use a separate sheet of paper, and attach hereto.

Year _____	Nature of Offense _____	Year _____	Nature of Offense _____
Year _____	Nature of Offense _____	Year _____	Nature of Offense _____

LIST ANY CURRENT PENDING CRIMINAL VIOLATIONS

Year _____	Nature of Offense _____	Year _____	Nature of Offense _____
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7. Are you currently on probation or parole?
 NO >> go to question 8
 YES >> **Agent's name and phone #** _____ >> go to question 8

8. Have you **EVER** used a different name or changed your name?
 NO >> go to question 9
 YES >> List ALL other names here: _____ >> go to question 9

9. Did you attach a copy of your driver's license or photo ID to this application?
 NO **STOP** Your application cannot be processed at this time
 YES >> go to Applicant's Statement below

APPLICANT'S STATEMENT

STAFF USE ONLY

Please be advised that the Police Department will review and verify the information contained in this application. If the information is incomplete or incorrect, it is likely that the application will not be approved.

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 the PROVISIONAL and/or REGULAR license to comply with the laws of the State of Wisconsin and to the provisions of the Municipal Code of Ordinances of the City of Altoona.

Applicant's Signature _____

Date _____

Date _____	Staff Initials _____
Scanned + filed _____	_____
Emailed to PD _____	_____
Approved by PD _____	_____
Denied by PD _____	_____