



OPERATORS LICENSE APPLICATION

(BARTENDERS)

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| <p style="text-align: center;">NEW <input type="checkbox"/></p> <p style="text-align: center;">RENEWAL <input type="checkbox"/></p> <p style="text-align: center;"><i>(Check NEW if license expired more than 2 years ago)</i></p> | <p>PROVISIONAL LICENSE \$15.00 Valid for 60 days</p> <p>REGULAR LICENSE \$25.00 Valid July 1 through June 30 of each year</p> |
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PRINT CLEARLY

| | | | |
|--------------------------------------------------------|-------------|----------------------------|---------------------------------|
| First Name | Middle Name | Last Name | Male <input type="checkbox"/> |
| | | | Female <input type="checkbox"/> |
| Driver's License or ID # | DL State | Date of Birth | Telephone No. |
| Street Address | City | State | Zip |
| Name of business where you will be using this license? | | Street address of business | |

1. If you checked **NEW** above, have you completed the *Bartenders Training Course* in the State of Wisconsin or held a bartender's license in the State of Wisconsin in the last 2 years? Yes* No
**Attach a copy of the class certificate or bartender license from another municipality.*
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| <p>2. Have you EVER been convicted of violating any</p> <div style="border: 2px dashed black; padding: 5px; margin: 5px 0;"> <p style="text-align: center;">YOU MUST LIST EVERYTHING, INCLUDING UNDERAGE DRINKING.</p> </div> <p><i>*If you answered YES to any question listed above, you must fill out the back of this form.</i></p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Federal laws ANYWHERE</td> <td>Yes* <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Wisconsin state laws?</td> <td>Yes* <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Laws of ANY state?</td> <td>Yes* <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Ordinances ANYWHERE?</td> <td>Yes* <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td colspan="2"></td> </tr> </table> | Federal laws ANYWHERE | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | Wisconsin state laws? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | Laws of ANY state? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | Ordinances ANYWHERE? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | Other: _____ | | |
| Federal laws ANYWHERE | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | |
| Wisconsin state laws? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | |
| Laws of ANY state? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | |
| Ordinances ANYWHERE? | Yes* <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | |
| Other: _____ | | | | | | | | | | | | | | | | |
3. Have you EVER been on supervision or probation? Yes No
4. Have you EVER changed you name? Yes* No
**If yes, list ALL other names you have had _____*
5. Are there any CRIMINAL charges PRESENTLY PENDING against you? Yes* No
**If you answered YES, you must fill out the back of this form.*

NOTE: 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 Police Department will not approve this 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 with the laws of the State of Wisconsin, and to the provision of the Municipal Code of Ordinances of the City of Altoona.

Signature: _____

Date: _____

Mail or bring application with payment to: City Clerk's Office, Altoona City Hall
1303 Lynn Avenue, Altoona, WI 54720

STAFF USE ONLY

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| To PD: _____ | Prov Lic # _____ | Fee: \$25.00 (non-refundable) |
| Council date: _____ | Perm Lic # _____ | Approved by PD on: _____ |

Rev: 01/2018

LIST ALL PAST VIOLATIONS

| Date month / day / year | Nature of Offense |
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LIST ALL PENDING CHARGES

| Date month / day / year | Nature of Offense |
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STAFF NOTES