

City of Augusta**Operator's License Application**

This application must be filled out completely and honestly. False answers or omissions may result in the denial for your application.

Section 1. LICENSE INFORMATION

<input type="checkbox"/> New license <input type="checkbox"/> Renewal	Have you completed the Responsible Beverage Server Training Course within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide completion certificate.
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Section 2. APPLICANT INFORMATION

Name: (First, Middle, Last)		Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior name(s) or Alias(es) (First, Middle, Last)				
SS#	Date of Birth	Place of Birth	Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number		State of Issuance		Email Address
Phone Number				
Current Address		City		State Zip Code
Previous Address		City		State Zip Code
Name and Address of Employer where license will be used (if not currently employed, mark "N/A")				

Section 3. ARREST AND CONVICTION RECORD INFORMATION

This application asks questions regarding past convictions under federal, state, and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City does background checks on all applicants. If you do not give accurate information, it may result in the denial of the application.

Criminal Record Information		
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (include criminal traffic offenses)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
As a juvenile, have you ever been waived into adult court and convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "yes" to either question above, please complete all of the information below: (attach additional sheets of paper if needed)		
1. Date of Conviction	Location (City/County/State)	Felony or Misdemeanor
Description of Criminal Offense		
2. Date of Conviction	Location (City/County/State)	Felony or Misdemeanor
Description of Criminal Offense		
3. Date of Conviction	Location (City/County/State)	Felony or Misdemeanor
Description of Criminal Offense		
At the time of the incident listed above, were you under the influence of alcohol and/or other drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For any incident listed above, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, which numbered incident above? _____		

Pending Charges(s) Information

Are there any charges (criminal or ordinance violations) pending against you? _____ Yes _____ No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

<u>Date of Violation</u>	<u>Locations (City/County/State)</u>	<u>Description of Violation</u>	<u>Next Court Date</u>
1			
2			
3			

At the time of the incident listed above, were you under the influence of alcohol and/or other drugs? Yes No

For any incident listed above, did the incident occur in or around an establishment that serves alcohol? Yes No

If so, which numbered incident above? _____

Section 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE

The City will review the applicant's record for the most recent 5 year period unless a pattern of conduct exists. In particular, convictions of the following offenses will be reviewed. Also, if an applicant has 1 felony conviction, the application will be denied.

- Giving false or incomplete information, misinformation or failure to disclose information on this Application
- An arrest or conviction of selling/procuring/giving away alcohol to an underage person
- An arrest or conviction of permitting an underage person on premises
- Conviction of any substance abuse and/or drug offense
- Conviction of operating/driving under the influence of any alcohol or controlled substance
- Conviction of allowing a person to use your bartender's license
- Conviction of selling alcohol to an intoxicated person
- Conviction of selling after closing hours
- Conviction of selling without an alcohol license
- An arrest or conviction of a charge related to activities performed while bartending

Section 5. CERTIFICATION

By signing this application, I hereby swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. By giving my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, and employees from any and all liability for damages of any kind, which may at any time result to me. **I further understand that if my application is denied, the fees that I paid are non-refundable.**

Signature

Date

OFFICE USE ONLY

Date Application Received

First Time Appl./Renewal \$25

Date Chief Approved

Provisional/Temporary \$15.00

Date Council Approved

Prov. Lic. # **(issue for 60 days)**

Responsible Server Course certificate received Yes No

Temp Lic. # _____ (issue for 14 days)