

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 you 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? _____				

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.

- ## 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 _____

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)

Perm Lic# _____