CITY OF STEVENS POINT
OPERATOR/MANAGER'S LICENSE APPLICATION INFORAMTION

Please read this form carefully prior to filling out your Operator's (Bartender) or Manager's License application. Initial each statement indicating you have read, understood, and answered with either a "True or False". Your application form must be signed under oath before a Notary Public.

You as the Applicant must meet the following requirements before the City of Stevens Point will issue you a bartender operator or Manager's license. If you answer "False" to any of questions, please provide a written explanation for each of your "False" answers on the backside of this form. You may attach additional pages if necessary to complete your answers.

Failure to answer all questions truthfully and accurately will result in denial of this application request and bar your re-application from the date of your rejection for 6 month period. No license request will be forwarded to the Common Council for action until all pending charges substantially relating to the alcohol beverage industry and your potential work in that industry are fully adjudicated through the Court system having jurisdiction over your case.

Please list all pending charges and the name of the citing/arresting agency you on the back of this form.

	Applicant Initials	True or False	
1			I am 18 years old or older.
2			I am of legal drinking age and a resident of Wisconsin if requesting a Manager's License.
3			I have not had a **felony conviction** within the last 5 years for offenses substantially relating to the alcohol beverage industry and my potential work in that industry.
4			I am not a registered sex offender.
5			I am not a habitual offender *as defined in State Statute 939.62(2).* In determining habitual law offender status, the background check will cover the past 15 consecutive year period.
6			I have not had an **OWI conviction** within the past 12 months.
7			I have not had three or more convictions in the past 36 month period.
8			I have not had **any criminal or ordinance convictions** that occurred in any premise licensed for sale of alcohol within the past 12 month period.
9			If you answered False to question "8" was your conviction more than six months ago and is your only prior conviction.
10			I have not had a **possession of a controlled substance conviction** within the past 24 months.
11			I have not had a **sale or delivery of controlled substance conviction** within the past 60 months.
12			I have complied with all **court ordered assessments** resulting from an operating under the influence or *controlled substance* conviction.
13			I do not owe any outstanding fees, taxes, delinquencies or judgments to the City of Stevens Point, Portage County or State of Wisconsin.
14			I understand that all application/license fee payments are **non-refundable**.

A complete background check will be conducted on all license applicants by the Stevens Point Police Department. Upon completion of this check the Police Department will make a report and recommendation to the City Clerk based on the above criteria for approval or denial of an applicant's license request.

_____ _____

Applicant's Signature Date