

CITY OF STEVENS POINT OPERATOR'S LICENSE APPLICATION



• **OPERATOR'S LICENSE** (Must have attained the age of 18)

\$30.00 NEW Provisional License No. _____ Expiring _____
Training Passed (Date) _____ Exempt (Reason) _____
Regular License No. _____ Expiring June 30, 20____

\$35.00 RENEWAL Regular License No. _____ Expiring June 30, 20____

Date: _____
Amount: _____
Receipt #: _____

• **MANAGER'S LICENSE (Alcohol Beverages)**

Attained legal drinking age in Wisconsin? YES NO

Resident of Wisconsin? YES NO

\$25.00 NEW Training Passed (Date) _____ Exempt (Reason) _____

\$25.00 RENEWAL (Training Exempt) License No. _____ Expiring June 30, 20____

INSTRUCTIONS: PLEASE COMPLETE AND RETURN FORM TO: Stevens Point City Clerk's Office: 1515 Strongs Ave, Stevens Point, WI 54481. Please print using black ink. Application form must be signed UNDER OATH before a Notary Public. Any omission, misrepresentation, or falsification of information will result in a recommendation of rejection of license privileges. The applicant shall be notified of omissions and may submit a new form after a waiting period of 60 days and remit a new application fee. In addition, the act(s) may result in prosecution for False Swearing, which carries a fine of up to \$10,000.00 or imprisonment not more than 5 years or both. If it becomes known after the license has been issued, it will be grounds for cancelling license privileges. Fingerprinting may be a requirement for identification.

Is this your first application with the City of Stevens Point? YES NO

If NO, list year of last license held: _____

Name: _____
(Last) (First) (Middle)

Have you ever used any other names?
YES NO If YES, list: _____

Address: _____
(Apt/Rm. #)

Past addresses outside of Stevens Point during the past 5 years:

(City) (State) (ZIP)

Date of Birth: _____ Age: _____ Phone No. _____

Driver's License No. _____

Employed at/for: _____
(Name of Establishment, Tavern, Store)

- Applicant understands that license and application fees are non-refundable.
- Applicant understands question number six (6) and reaffirms verbally that ALL CONVICTIONS for violations of the law involving drugs, drug paraphernalia, or alcoholic beverages have been listed on this application.

OATH

I solemnly, sincerely, and truly declare and affirm that the information given on this application is the truth, the whole truth, and nothing but the truth; and this I do under the pains and penalties of perjury. (I am aware that any willful misrepresentation or falsification of information on this application is grounds for criminal prosecution for false swearing.)

Signature of Applicant (Must be signed in the presence of a Notary Public)

STATE OF WISCONSIN)

SS

COUNTY OF PORTAGE)

Subscribed and sworn to before me this

_____ Day of _____

20____

CLERK/NOTARY PUBLIC

My Commission Expires _____

(SEAL)

Answer all questions Truthfully and Accurately:

- 1) Do you currently have any PENDING criminal charges? YES NO
- 2) Have you ever been CONVICTED of a felony? YES NO
- 3) Are you currently a registered Sex Offender? YES NO
- 4) Are you currently on Probation or Parole? YES NO
- 5) Have you CONVICTED of Operating While Intoxicated? YES NO
- 6) Have you ever been CONVICTED of ANY law violations involving Alcohol, Drugs, or Drug Paraphernalia including Underage Drinking? YES NO
- 7) Do you owe any outstanding Fees, Taxes, Delinquencies or Judgments to the city of Stevens Point? YES NO

If you marked "YES" to any of the above questions, explain by listing below the Offense, Date, and Location.

THE BELOW SPACE IS FOR POLICE USE ONLY

File No. _____ Date Processed _____

N/R _____ Sec Rec _____ Processed By _____

APPROVED REJECTED

Chief of Police (or Designee)

**CITY OF STEVENS POINT
OPERATOR/MANAGER'S LICENSE APPLICATION INFORMATION**

Below are the requirements to obtain an Operator's (Bartender) or Manager's License in the City of Stevens Point. Please read this form carefully prior to filling out your License application.

You, as the Applicant, must meet the following requirements before the City of Stevens Point will issue you a Operator (Bartender) or Manager's license.

A complete background check will be conducted by the Stevens Point Police Department. The Police Department will then make a report and recommendation to the City Clerk based on the below listed criteria. Note: In determining applicants qualifications, the Date of CONVICTION is used not date of incident or arrest.

Any omission, misrepresentation, or falsification of information will result in a recommendation of rejection of license privileges. The applicant shall be notified of omissions and may submit a new form after a waiting period of 60 days and remit a new application fee. In addition, the act(s) may result in prosecution for False Swearing, which carries a fine of up to \$10,000.00 or imprisonment not more than 5 years or both. If it becomes known after the license has been issued, it will be grounds for canceling license privileges.

Fingerprinting may be a requirement for identification.

REQUIREMENTS

1	Must be at least 18 years old for a Bartender's License.
2	Must be at least 21 years old for a Manager's License.
3	Must be a resident of Wisconsin for a Manager's License.
4	Must NOT have had a Felony Conviction within the last 5 years.
5	Must NOT be a registered sex offender.
6	Must NOT have had an OWI conviction within the past 1 year.
7	Must NOT have had three or more OWI convictions in the past 3 years.
8	Must NOT have had any criminal or ordinance CONVICTION within the last 1 year involving: Sale, Underage Possession or Underage Consumption of Alcohol or Possession of Controlled substances, Drug Paraphernalia.
9	Must NOT have had a sale or delivery of controlled substance CONVICTION within the past 5 years.
10	Must have complied with all court ordered assessments resulting from an operating under the influence or controlled substance conviction.
11	Must NOT owe any outstanding fees, taxes, delinquencies or judgments to the City of Stevens Point, Portage County including delinquent real estate taxes or must have made arrangements with the Comptroller/Treasurer for payment thereof.

I have read and understand the above requirements.

Applicants Signature

Date