

City of Ammon
BARTENDER
Permit Application

2135 S. Ammon Road, Ammon, ID 83406
PH. (208)612-4000 FAX (208)612-4009
Website - www.ci.ammon.id.us

FOR OFFICE USE ONLY

Renewal _____ New Application _____
Permit Number: _____ Exp. Date _____
License Fee Paid \$ _____
Investigation Completed _____

APPLICANT INFORMATION

PLEASE PRINT OR TYPE

NAME: _____
Home Street Address: _____ Email: _____
City, State and Zip Code: _____
Home Phone: _____ Mobile: _____ Fax: _____
Birthdate _____ Social Security Number _____ - _____ - _____ Sex M F (circle one)
NAME of Business or Employer: _____
Business Address: _____ Email: _____
City, State and Zip Code: _____
Business Phone: _____ Business Fax: _____

PLEASE CIRCLE ONE - IF YES, EXPLAIN IN DETAIL ON A SEPARATE SHEET:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Have you been convicted of any violation of any law, statute or ordinance relating to the importation, transportation, manufacture, possession or sale of alcoholic liquor or beer? | YES NO |
| 2. Have you paid any fine, been placed on probation, received a deferred sentence, received a withheld judgment or completed any sentence of confinement for any felony, within five (5) years prior to the date of this application? | YES NO |
| 3. Have you ever had a Bartender's License revoked or been an officer, director, member or principal stockholder of a corporation whose license has been revoked within five (5) years to the date of this application? | YES NO |
| 4. Are you nineteen (19) years of age or older? | YES NO |
| 5. Have you been convicted of a DUI or other alcohol related offense in the past five (5) years? | YES NO |

BY SIGNING BELOW THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are true as they relate to this application. I also understand that providing false information, is punishable by the laws and penalties set forth by the City of Ammon. I understand and agree that a background check, including a fingerprint-based nationwide criminal history background check shall be done prior to the issuance of the license currently being applied for. By signing below I authorize said background checks to be performed and for the results of that background check to be used in the determination of my eligibility for a license in the City of Ammon. I also understand that a copy of my approved license or letter of denial shall be provided to my employer (if applicable).

Signature of Applicant: _____ Date _____