



WHERE TOMORROW BEGINS

2135 S Ammon Road, Ammon, ID 83406
Phone: (208)612-4000 Fax: (208)612-4009
www.cityofammon.us

BARTENDER PERMIT APPLICATION

FOR OFFICE USE ONLY:
Permit #:
Clerk: Date:
Admin: Date:

APPLICANT INFORMATION

Name: Email:
Home Street Address: City:
State: Zip Code: Phone Number: Birthdate:
Social Security Number:

EMPLOYER INFORMATION

Name of Business or Employer: Nature of Business:
Business Street Address: City:
State: Zip Code: Business Phone: Business Fax:

PLEASE CIRCLE ONE - IF YES, PLEASE 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License revoked or been an officer, director, member or principal stockholder of a corporation whose license has been revoked in the past five (5) years? 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
6. Have you been found guilty of or received a withheld judgment or deferred sentence for a misdemeanor violation involving any controlled substance in the past five (5) years? YES NO

BY SIGNING BELOW, THE APPLICANT AGREES: To pay the Bartender Permit fee of twenty-five dollars (\$25), as well as the investigation fee of fifty dollars (\$50.00).

THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are honest and true. 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).

Applicant's Signature: Date: