



BARTENDER PERMIT APPLICATION

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

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License revoked or been an officer, director, member or principal stockholder of a corporation whose license has been revoked in the past five (5) years?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 forty dollars (\$40), 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 shall be done prior to the issuance of the license currently being applied for and that said background checks may take up to fourteen (14) business days.

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: _____