



Westfield Police Department

BARTENDER LICENSE INSTRUCTIONS



1. Submit the following:
to Raeanne Anthony:
 - Application form (page 2) - completed legibly and in its entirety;
 - Non-Westfield residents: Letter of good conduct from your local police department;
 - Authorization for Release of Information form (pages 3 and 4) - signed and notarized;
 - Two (2) passport photos; and
 - Check for \$20.00 (payable to Westfield Police Department).

2. For initial application instructions, follow #2a. For renewal application instructions, follow #2b.
 - 2a. **INITIAL APPLICATION INSTRUCTIONS:** Schedule an appointment for fingerprints online at <https://uenroll.identogo.com>. You will need to enter service code of 2F17ZY. Once the online form is completed, you will be prompted to enter payment information. This is a separate fee from the check submitted to Westfield Police Department. Fingerprint results will be sent electronically to us.

 - 2b. **RENEWAL APPLICATION INSTRUCTIONS:** Complete the NJ State Police Criminal History Check Online Form 212A:
 - a. Go to: <https://www.njportal.com/njsp/criminalrecords>
 - b. Enter Westfield PD ORI: NJ0202000.
 - c. Enter information as requested.
 - d. When prompted for Reason for Filing Request, select Local Ordinance.
 - e. When prompted for Description of Reason for Filing Request *, enter "Bartender License".
 - f. Once the online form is completed, you will be prompted to enter payment information. This is a separate fee from the check submitted to Westfield Police Department.
 - g. The results of the Criminal History Check will be sent electronically to us.

3. Once your application is approved, the bartender license will be mailed directly to the employing establishment with one (1) photo.

Any questions can be directed to Raeanne Anthony at 908-789-6074 (M-F 8:30 am to 4:30 pm)



Westfield Police Department

BARTENDER LICENSE APPLICATION FORM



Initial Application: Renewal Application: Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ SSN: _____

DL #: _____ State: _____

Birthplace: _____ Citizenship: _____ Marital Status: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Scars / Identifying Marks (Tattoos, piercings, etc.): _____

Employer Requiring License: _____

Address of Employer: _____, Westfield, NJ 07090

Have you ever been arrested? No: Yes: If yes, state the offense, date and place of arrest:

I certify that the above information is correct and understand that any false statements will be cause for denial of application or cancellation of any current license.

Signature of Applicant: _____ Date: _____

Year: _____ License #: _____ Fingerprinted: Records Check: Approved: Denied:

Christopher Battiloro, Chief of Police

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Concerned Persons or Authorized
Representative of any Organization,
Institution or Repository of Records

Applicant's Name: _____
Date of Birth: _____
Social Security Number: _____

I, _____, am an applicant for employment (*or internship*) with the Town of Westfield (hereafter referred to as "the department"), which is conducting a comprehensive investigation into my employment background and personal history to evaluate my qualifications and/or fitness for the position for which I am applying. I understand that it is in the public's best interest that any and all relevant information and/or records concerning me be disclosed to the department.

I do hereby authorize any duly authorized representative of the Town of Westfield or Westfield Police Department bearing this Authorization to obtain any and all information and/or records concerning me that it deems necessary, and I hereby direct you to release any and all such information and/or records to him or her upon request.

I do hereby authorize a review and disclosure of any and all information and/or records concerning me, whether said information and/or records are public, private, or confidential and/or sealed in nature. I specifically consent to the release of any and all public and private information and/or records concerning my work record, my background and reputation, my medical records, my mental health/psychological report records, my military service records, my educational records, my financial status, my criminal history records, including any arrest records and/or any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of any attorneys-at-law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently am or was a party, my attendance records, any polygraph examination records, and any internal affairs investigations and disciplinary records.

I direct you to release any and all such information and/or records and answer any and all questions upon request of any duly authorized representative of the department in possession of this Authorization, regardless of any agreement that I may have or had previously made with you to the contrary. The department will discontinue processing my application if you refuse to disclose any and all information and/or records requested.

For, and in consideration of the department's acceptance and processing of my application. I do hereby agree to hold the department, its agents and other employees harmless from any and all claims and liability associated with my application or in any way relating to the decision as to whether or not I am employed by the department.

I understand that should any information of a serious criminal nature surface during or as a result of this investigation, said information will be forwarded to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to and disclosure of records, and I waive those rights with the understanding that any information and/or records furnished will be used by the department in conjunction with its employment procedures.

I agree to indemnify and hold harmless the person or persons to whom this request is presented, his or her organization, its agents, owners, directors and employees from and against any and all claims, damages, losses and/or expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy or facsimile (*fax*) copy of this Authorization shall be as valid as an original thereof, even though said copy does not contain an original of my signature.

Applicant's Signature

Applicant's Address (Street, City, State & Zip Code)

Sworn to and subscribed before me
on this ____ day of _____, 20__.

A Notary Public of New Jersey