

VILLAGE OF ALBANY
APPLICATION FOR "OPERATOR'S" LICENSE QUESTIONNAIRE

Date: _____

Full Name of Applicant: _____

First *Middle* *Last*

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Employing Agency: _____

QUESTIONS:

	<u>Yes</u>	<u>No</u>
1. Are you at least 18 years of age?	{ }	{ }
2. Have you been a Wisconsin resident for more than 90 days?	{ }	{ }
3. Have you ever been convicted of a felony? (If yes, please explain below.)	{ }	{ }
4. Have you ever been convicted of a misdemeanor? (If yes, please explain below and give date of conviction.)	{ }	{ }
5. Have you ever been convicted of an O.W.I. or related offense? (If yes, please explain below and give date of offense.)	{ }	{ }
6. Have you held an "Operator's" License or have you attended the Responsible Servers course in the last (2) years? (Must show proof.)	{ }	{ }

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for revoking your license. All information provided and statements made are subsequent to verification.

CERTIFICATION

All information provided and statement made by me as part of this application or as part of any additional information provided in support of this application are complete, correct, and true to the best of my knowledge. I understand that if I am granted an "Operator's" License, false information provided or false statements made as part of this application may be considered as cause for revocation of the "Operator's" License.

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____

For Agency Use Only:

Provisional: Y / N

Amount Paid: _____
Receipt #: _____