

Police Chief Initials

Date: \_

## **OPERATOR LICENSE APPLICATION**

## ANNUAL LICENSE EXPIRES JUNE 30, \_\_\_\_\_

755 Fellow Rd • Genoa City, WI 53128 262-279-6472 • 262-279-6618 Fax

Operator License \$50.00	<b>D</b> Renew	al	Temp	orary \$15.00	) 🗖 Provis	ional \$15.00 (60 days)
If new, copy of WI Server Certificate required			* License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non- profit corporations			
Last Name:		First I	Name:			M. I. (Required)
Residence: Street Address		City:			State:	Zip:
Phone:	Birth Date: Birth		Birth Place: (	Place: (City, State)		
Driver's License # (photo copy required)			Social Security #			
Place of Employment:			Contact Person & Phone # of Employment:			
Other Names, Aliases or Birthdates Ever	Used:					
Previous Address in Past 5 Years:				From:		To:

This application must be filled out accurately and completely. If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.

Applicant's Signature Date Office Use Only: Police Dept License #	Office Use Only: Clerk's Office
<ol> <li>Have you ever been issued an Operator's license</li> <li>If yes, Date of license</li> </ol>	Issued by which Municipality?
New Applicants Only:	before: 🗖 Yes 🗖 No
	ordinance regulating the sale of fermented malt beverages or If YES, date of conviction:
Name of Court:	
of the United States?  Yes  No	If YES, date of conviction:

**C**ash

Check #