

Submit completed application and application fee to: Village Clerk, Village of Somerset - PO Box 356 Somerset WI 54025

(Last)		(First)	(Mie	(Middle)	
ADDRESS					
BIRTH DATE	HEIGHT _	WEIG	WEIGHT		
	EYE COLO	DR			
APPLICANT'S DRIVER LIC	ENSE NUMBER				
FIRM NAME					
FIRM ADDRESS					
	Address	City	State	Zip	
FIRM PHONE #	<i>µ</i>	APPLICANT'S PHONE #			
FIRM TEMPORARY ADDRE	SS if any				
Date(s) business will be	conducted:				
Nature of business to be	conducted:				
		offered:			
		onducted:			
-					
• VEHICLE (Any vehicle used by ap					
License		Make/Model		Color	
Cities, Villages, or Town	s where applicant ha	s conducted similar busin	IESS (not to exceed t	three)	
		ted for a minimum of sev		er leaving	
	nvicted of any crime	or ordinance violation re		CANT'S	
State nature of offense	and location of convi	iction			
I swear that the above i	nformation is correct	::			
IGNATURE OF APPLICANT		DATE S	DATE SIGNED		
POLICE CHIEF RECOMME	NDATION				