



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

OPERATOR LICENSE APPLICATION

ANNUAL LICENSE EXPIRES JUNE 30, _____

<input type="checkbox"/> Operator \$50.00 <input type="checkbox"/> New <input type="checkbox"/> Renewal <small>(If new, copy of WI Server Certificate required)</small>		Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No Police Chief Initials _____ Office Use Only: License # _____		
<input type="checkbox"/> Temporary \$25.00 <input type="checkbox"/> Provisional \$15 <small>(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).</small>				
Last Name:		First Name:		M. I. (Required)
Residence: Street Address		City:	State:	Zip:
Phone:	Birth Date:	Birth 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.

1. Have you been convicted of any felony or of violating any alcohol/drug related law of the State of Wisconsin or of the United States? **Yes** **No** If YES, date of conviction: _____

Name of Court: _____

Nature of Offense: _____

2. Have you been convicted of violating any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? **Yes** **No** If YES, date of conviction: _____

New Applicants Only:

1. Have you ever been issued an Operator's license before: **Yes** **No**

If yes, Date of license _____ Issued by which Municipality? _____

Application must be notarized if not presented in person at the Clerk's office.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

STATE OF WISCONSIN)
) ss.
WALWORTH COUNTY)

Subscribed and sworn before me
This _____ day of _____, 20_____

Applicant's Signature

Notary Public or Clerk's Office
My Commission expires _____