

TOWN OF NEW DENMARK

Michelle Wallerius, Clerk
5993 W. CHERNEY ROAD
DENMARK, WI 54208
920-863-5523

APPLICATION FOR OPERATOR'S LICENSE

I, the undersigned, do hereby respectfully make the application to the local governing body of the Town of New Denmark, County of Brown, State of Wisconsin, for an Operator's License as provided by Sec. 125.17 of Wisconsin Statutes, for the year ending June 2010. I certify that I am _____ years of age. I am familiar with the laws, ordinances and regulations and I hereby agree if granted said license, to obey all provisions of said laws.

Signature: _____

Print Name: _____
(First) (MI) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Employer: _____

Birth Date: _____

Please include a copy of your current Driver's License AND one of the following: NWTC Beverage Server Card, previous Town of New Denmark Operator's license or a photocopy of an Operator's license from another municipality.

OFFICE USE ONLY:

Fee: \$8.00 Date Paid: _____

Date of Criminal Record Check: _____

License Issued from _____ to _____, 2010.

License No. _____ Initials: _____