

APPLICATION FOR OPERATOR'S LICENSE

Village of Stratford, Marathon County, Wisconsin

Provisional License requested *(granted for 60 days if registered for class)*

I, the undersigned, do hereby respectfully make application to the Village Board of the Village of Stratford, Marathon County, Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes, for the license year ending June 30, 20_____.

I certify that: *(please check only one)*

- I am renewing my current Stratford operator's license.
- I am applying for a new license, and my Responsible Beverage Server Course certificate is attached.
- I am applying for a new license, and I held a license (in any WI municipality) within the last two years and it is attached. (If you cannot provide the old license you may need to repeat the Responsible Beverage Server Course if the original certification is expired.)

Have you ever been convicted of any felony or misdemeanor for any violation of any federal laws, any Wisconsin laws, or any laws of any other states or ordinances of any municipality? (This includes "Operating While Intoxicated" and "Operating After Revocation".)

- NO YES *(If YES, please use reverse side of this form to list each law or ordinance violated, location, date, and penalty imposed, and/or the date, description and status of charges pending.)*

I, the undersigned, have applied for a license through the Village of Stratford and hereby consent for the Village Police Department and/or the Marathon County Sheriff's Department to conduct a criminal history background check that may include photographs and fingerprints. This information is to be used in licensing consideration by the Village of Stratford.

I also hereby release the Marathon County Sheriff's Department or any other Municipal, State, or Federal law enforcement agency, and the Village of Stratford, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and release of information.

APPLICANT --- Please Print			
First Name	Full Middle Name	Last Name	
Address	City	State	ZIP
Date of Birth <i>(must be 18 years old)</i>	Home Phone	Cell Phone	
Driver License Number		Employer Requesting Operator License	
APPLICANT'S SIGNATURE <i>(MUST BE WITNESSED BY VILLAGE CLERK or NOTARY.)</i>			

<p>CLERK or NOTARY: Subscribed and sworn to before me</p> <p>this _____ day of _____, 20_____.</p> <p>Signature _____</p> <p>Title _____</p>

FEES PAID (DUE AT TIME OF APPLICATION)		
REGULAR	\$12.50	<input type="checkbox"/>
PROVISIONAL	\$15.00	<input type="checkbox"/>

BACKGROUND CHECK	SPD Officer _____	Date _____	APPROVED or DENIED
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