

Application for an Operator's License

To the local governing body of
The Town of Cable, County of
Bayfield, Wisconsin.

Fee: \$10.00

Date: _____

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Cable, County of Bayfield, Wisconsin for an Operator's License as provided by Section 125 of the Wisconsin Statutes, for the year ending June 30, 2020.

.....
Name (First, Middle, Last) _____

Address _____

Previous Residence _____

Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States, other than traffic? _____

Have you ever been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? _____

** If yes, state nature of offense, date, description and status of charges:

Date of birth: _____

.....
For identification purposes only:

Sex: M _____ F _____ Social Security (not mandatory) _____

Race: American Indian _____ Asian _____ Black _____ Hispanic _____ White _____ Other _____

.....
The undersigned, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an Operator's License; and that all statements made by the applicant are true and correct.

I, the undersigned, further certify that 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 of Applicant: _____

Employing Agency: _____