

CITY OF PORT WASHINGTON
TEMPORARY OPERATOR LICENSE APPLICATION

(No Fee)

Name of Applicant _____

Home Address _____

Date of Birth: _____ Driver's License Number: _____

Home Phone: _____ Cell Phone: _____

Have you ever been convicted of a felony within the last five years? If so, give the dates of conviction, penalty imposed, name of court in which conviction and state disposition of charge. If not, state NONE.

I hereby apply for a Temporary Operator License, subject to limitations imposed by Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local affecting said license.

I certify that I am eighteen years of age or older and of good moral character.

The undersigned affirms that he or she is a citizen of the United States, has made complete and true answers to each question, and understands that his or her past record will become part of this application.

Applicant Signature

Date

.....

NAME OF EVENT: _____

DATE OF EVENT: _____

NAME OF ORGANIZATION

YOU WILL BE BARTENDING FOR: _____

THIS LICENSE WAS APPROVED BY THE COMMON COUNCIL AT A MEETING ON: _____

TEMPORARY OPERATOR LICENSE NUMBER: #T-_____