

## **OPERATOR'S LICENSE APPLICATION**

NAME	MAIDEN NAME			
LAST	FIRST	M.I.		
ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	HOME T	ELEPHONE NO		
BUSINESS NAME WHERE LICENSE IS TO	O BE USED			
ARE YOU AT LEAST 18 YEARS OLD?	YES	NO		
hereby apply for an operator's license to dr period, subject to the conditions and limitation municipal code.				
HAVE YOU EVER BEEN CONVICTED OF A	ANY OFFENSES? \	You do not need to in	nclude minor traffic	offenses.
IF YES, GIVE DESCRIPTION AND STATUS C	F CHARGES PENDI	NG.)		
DO YOU HAVE ANY CHARGES PENDING	AGAINST YOU?	You do not need to i	nclude minor traffic	offenses. YES
IF YES, DESCRIBE STATUS OF CHARGES PE	ENDING.)			
DATE OF ALCOHOL AWARENESS COURS	SE COMPLETION:			
	SIGNA	TURE OF APPLICANT		

1 year license is \$25.002 year license is \$40.00

ALL APPLICANTS WILL HAVE A BACKGROUND CHECK DONE