

VILLAGE OF NEW GLARUS
GREEN COUNTY
WISCONSIN

FEE: NONE

APPLICATION
FOR
TEMPORARY OPERATOR'S LICENSE
DATE: _____

APPLICANT NAME: _____

first

middle

last

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DATE(S) FOR WHICH LICENSE WILL BE USED: _____

EMPLOYEE OR VOLUNTEER FOR: _____

(Must be non-profit corporation)

Have you ever been convicted of any felony, misdemeanor, or traffic violation or any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? YES _____ NO _____

(If yes, give law or ordinance violated, trial court, date and penalty)

I certify that I am _____ years of age; that I am familiar with the laws, ordinances and regulations, including Chapter 125.00 of the Wisconsin State Statutes and hereby agree if granted said license to obey all provisions of said laws.

I understand that I may not hold more than one (1) Temporary License in one year, and that the license is valid only for the date indicated on the license.

Applicant signature

Subscribed and sworn to
before me this _____
day of _____, 20 _____

*Municipal Ordinance
Section 185-22(C)*

Clerk-Treasurer/Notary Public