

Village of Spring Valley - OPERATOR LICENSE APPLICATION

Pursuant to Wisconsin Statutes Section 23.01(8), subject to limitations imposed by as 125.17 and 125.68(2)

FEES ARE NON-REFUNDABLE

Operator's – Regular - \$25.00

Operator's – Provisional - \$15.00 (7 day processing time)

Operator's – Renewal - \$25.00

Operator's – Temporary (Non-Profit) - \$0

New License

Renewal License

This license expires on June 30, 20_____

Full Legal Name of Applicant:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Telephone Number:	
Drivers License Number and State:		

How long have you continuously resided in Wisconsin? _____

Place of employment as an Operator: _____ Telephone: _____

Have you registered for the Alcohol Awareness Program? Yes No Date of Class: _____

Have you completed the Alcohol Awareness Program? Yes No Date Completed: _____

Have you ever been convicted of a misdemeanor, felony, ordinance, or traffic violation? Yes No

If yes, please explain: _____

Are there any pending criminal charges against you? Yes No

If yes, please explain: _____

Are there any pending drug/alcohol related offenses against you? Yes No

If yes, please explain: _____

Have you been convicted of drug/alcohol related offenses? Yes No

If yes, please explain: _____

ANY FALSE OR MISSING INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL OF

YOUR OPERATOR'S LICENSE. I, the undersigned, affirm that I made complete and true answers to each question, and understand my past record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the Spring Valley Police Department. **I give permission to make my juvenile records available for this application.**

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

**With my signature I affirm the statement above and that
I have read the instructions provided on the
reverse and understand the disclosure requirements:**

Notary Public

My Commission expires: _____ Signature of Applicant: _____

Police Department Review: Recommend Approval _____ Recommend Denial _____ Review _____

Reason for denial, if not recommended: _____

Signature of Police Chief: _____ Date: _____

Approval of City Clerk: _____ Date: _____

License No. Issued: Provisional # _____ Operator # _____ Date Issued: Provisional _____ Operator _____

IMPORTANT

Read and sign this notice before completing your application.
Incomplete and incorrect applications will be rejected.

- Your application **MUST** be legible and filled out completely, including middle name and driver's license number.
- Your application **WILL** be investigated by the Spring Valley Police Department.

For both misdemeanor and felony offenses, regardless of your age:

- You must disclose **ALL** criminal, drug, ordinance and alcohol-related convictions.
- You must also disclose all **PENDING** criminal, drug, and alcohol-related charges.
- If you are in doubt about the nature of the charge or the timing, you should disclose the incident to the best of your abilities and time frame.
- Your license will be denied if you fail to disclose ALL convictions **OR** any pending charges for criminal, drug, ordinance or alcohol-related offenses.

I have read and understand these instructions
and disclosure requirements:

Signature