## APPLICATION FOR TEMPORARY OPERATOR'S LICENSE

APPLICANT NAME:			
	first	middle	last
ADDRESS:			
CITY/STATE/ZIP:			
PHONE NUMBER:			
DATE OF BIRTH:			
DATE(S) FOR WHICH	LICENSE WILL BE	USED:	
EMPLOYEE OR VOLUN	ITEER FOR:		
	(Must	be non-profit corpor	ation)
federal laws, any Wisc	5	5	or traffic violation or any es or ordinances of any
(If yes, give law or or	dinance violated, ti	ial court, date and p	enalty)

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 two (2) Temporary License in one year, and that the license is valid only for the date indicated on the license.

DATE: \_\_\_\_\_

Applicant signature

Municipal Ordinance Section 185-22(C)