

Veronica Heenan
Clerk/Treasurer
Mon-Thu 8:00-4:00
(608) 423-9635

TOWN OF OAKLAND

JEFFERSON COUNTY
N4450 County Road A
Cambridge, WI 53523

APPLICATION FOR OPERATOR'S LICENSE

Applicant's Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Street Address & P. O. Box: _____

City & Zip Code: _____

Birth date: _____ Social Security No. _____

Sex: Male Female Race: _____ Telephone No. _____

Employer: _____

Please Circle YES or NO to Questions 1 through 6:

1. Are you renewing a current year operator's license issued by the Town of Oakland? YES NO
2. In the past two years have you held an operator's license, manager's license or a Class "A" or Class "B" alcohol beverage license in Wisconsin other than Town of Oakland? YES NO
If YES, name of municipality where licensed, employer name and a copy of license issued.

3. Have you completed a responsible beverage server training course in Wisconsin within the past two years? YES NO **If YES, need a copy of certificate for NEW APPLICANTS ONLY.**

If you answered **NO** to **ALL** of questions 1, 2 and 3 above, you will be required by state law to take a responsible beverage server training course. When you furnish proof of enrollment in the course, you will be issued a provisional license. When you furnish proof of successful completion of the course, a town board approved operator's license will be issued.

4. Have you ever been denied an operator's license in any municipality? YES NO If YES, what explanation were you given? _____
5. Have you ever been arrested? YES NO If YES, please explain. _____

6. Have you ever been convicted of a felony, misdemeanor or other offense pursuant to any Federal or State law? YES NO If YES, please explain. _____

A criminal history record check will be run on new applicants through the Wisconsin Circuit Court Access.

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Oakland, Jefferson County, Wisconsin, for an Operator's License as provided by Section 125.17 of the Wisconsin Statutes, for the **license year July 1, 2017 through June 30, 2018.**

Signature of Applicant -- **Signature MUST BE Notarized**

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

(Clerk or Notary Public)

My Commission Expires _____

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TO BE COMPLETED BY MANAGER

License Fees to be paid by Manager for:	_____	____/____/____
Provisional license \$15.00	_____	Manager's Signature
Original license \$35.00	_____	Date
Renewal license \$25.00	_____	

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TO BE COMPLETED BY TOWN CLERK:

Date Filed	_____
Date Provisional License Issued	_____
Provisional License Number Issued	_____
Date Reported to Board	_____
Date License Issued	_____
License Number Issued	_____