	New
П	Renewal



City Clerk's Office, 9229 W Loomis Rd Franklin, WI 53132 (414) 425-7500

License:	\$60	
Provisional:	\$25	
Duplicate:	\$15	

Please print, sign and return to Clerk's Dept.

OPERATOR'S LICENSE APPLICATION

CICIR 5 Depti					
Application Date:	Employer(s	s):			
APPLICANT INFORMATIO	N: (Please include a L	EGIBLE copy	of Driver's License o	or State ID)	
(First)	(Middle)	(Last)	(Alias, N	Maiden, Previous Name)	
,	, , ,	,	,	,	
(House Number & Street)		(Apt/Unit #)			
(City)	(Sta	te)	(Zip Code)	(Date of Birth)	
(Phone Number)	 I		(Email)		
ALL local, state, and feder charged with a crime, plea	•	•	spositions. If you ha	ave never been arrested or	
APPLICANT CONSENT &	SIGNATURE:				
Wisconsin Statutes, and all act ordinances and regulations, fe	s amendatory thereof and states, state or local, affecti	supplemental the ing the sale of s	reto, and hereby agree uch beverages and liqu	to the limitations imposed by §125, to comply with all laws, resolutions ors if a license is granted to me. It in which said license is issued.	
The City of Franklin will comple he License Committee regardi			on this application. You	may be contacted to appear before	
	as been convicted of a misd			all be issued by the City Clerk upon og to the activity being licensed, the	
	35, be issued under this cl	hapter to any pe		alcohol beverages may, subject to been a law offender or has been	
,				ned in the preceding application.	
	nial or revocation of my C	Operator's Lice	nse. Additionally, I ac	stand that any false or omitted knowledge that I have read and neck of my name.	
X					
Signature of Applicant			Date		
Where would you like your I	icense sent? Home A	.ddress □ Em	ployer Address		
OFFICE USE ONLY:					
Required Application Materials	Conv of Driver's License/St	tata ID Card			
□ Application□ License Fees□ Responsible Beverage Server			Expired Applicants Only)		