

**VILLAGE OF MARSHALL
Operator License Application**

(Pursuant to Village of Marshall Municipal Code, Title 7, Chapter 2)

New Renewal Operator - \$25.00 Provisional - \$15.00 Temporary - \$15.00
 License Period: ___/___/20___ to 6/30/20___ ___/___/20___ to ___/___/20___ ___/___/20___ to ___/___/20___

Fee is Non-Refundable

Filling out your application

- An Operator License is a privilege, not a right. **Any false statements or omissions made on this application, which is for a position of public trust, will automatically void consideration for its approval.**
- This application must be filled out accurately and completely.
- Applicants must be at least 18 years old.
- If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification.
- Your application will not be processed until you deal with any outstanding warrants.
- You can obtain information regarding your criminal history from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at www.wcca.wicourts.gov/index.xsl.

Required Documentation

- You must submit a copy of your driver's license with your application.
- You must submit proof that, **within the past two years you have either** held a valid Operator License in any Wisconsin Municipality or completed a Responsible Beverage Server Training Course. Call your local Vocational, Technical and Adult Education (VTAE) School or visit the Wisconsin Department Revenue website for further training & online course information at: <http://www.revenue.wi.gov/training/index.html>.
- **Review of your application**
- The Marshall Police Department will perform a background check to verify that the information you have provided is complete and accurate.
- You may be called to appear before the Marshall Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application will be denied.

Last Name	First Name	M.I.
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Maiden Name, Other names, aliases or birthdates ever used:

Residence: Street Address	City	State	Zip
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Applicant's Phone	Birth date	Birthplace (City, State)	Race	Sex	Height	Weight	Hair	Eyes
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Driver's License Number (State & Number)	Your email address:
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Employer/Business/Organization you will be working for; the contact person and their phone number

Cities and States lived in since age 18, including where you now reside:	From:	To:
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	From:	To:
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	From:	To:
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	From:	To:
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Indicate whether you are a U.S. Citizen, U.S. Alien, or Temporary Resident:
 U.S. Citizen Alien Temporary Resident (employment number _____)

Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted by military court-martial? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been cited, ticketed or arrested for any of the following: Drunk Driving, Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, or Obstructing a Peace Officer? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever received a traffic citation or ticket (<i>other than parking tickets</i>)? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently subject to any pending charges? List below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List all convictions, citations, tickets and pending charges. If necessary, attach an additional page.

Year	Location	Charge	Disposition (guilty, dismissed, etc)

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident. I authorize the Village of Marshall, Wisconsin, to check the above information for verification and conduct a background check of my character and reputation. And I further understand that any false statements or omissions made on this application, which is for a position of public trust, will automatically void consideration for its approval.

this _____ day of _____, 20____ _____
Applicant's Signature

To be filled out by the Marshall Police Department

- Subject has no Criminal Arrest Record with the Wisconsin State Crime Bureau or with the Marshall Police Department.
- Files indicate that subject has the attached Criminal Arrest Record.

_____ Date _____
Marshall Police Department Authorized Signature

Office Use Only	\$15.00 Non-Refundable Fee	\$25.00 Non-Refundable Fee	
	Provisional License Issued: _____	Operator's License Issued: _____	
	Provisional License Expired: _____	Operator's License Expired: _____	
	Rcp # _____ Date: _____	Rcp # _____ Date: _____	