



# TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139  
Phone (262) 878-2200 Fax (262) 878-2595  
www.townofdooverwi.com

Chairman Thomas. Lembcke 878-3368	Supervisor #1 Mike Shenkenberg 661-9932	Supervisor #2 Sam Stratton 206-4843	Roads DHD Maintenance 878-2200 Ext 12	Clerk/Treasurer Camille Gerou 878-2200 Ext 10	Municipal Judge Mackenzie Bishop 878-2200
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## APPLICATION FOR AN "OPERATOR'S" LICENSE

The local governing body of the Town of Dover, County of Racine, Wisconsin

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Dover, County of Racine, Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending June 30, 20\_\_\_\_\_.

I certify that I am \_\_\_\_\_ years of age. I am familiar with the laws, ordinances and regulations and I hereby agree, if granted said license, to obey all provisions of said laws.

\_\_\_\_\_  
(Printed Name)  
(First Middle Last) (Middle Required)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date of birth)

\_\_\_\_\_  
(employing agency)

PLEASE HAVE THIS FORM NOTARIZED  
Subscribed and sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(date)

\_\_\_\_\_  
(title)