



TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139

Phone (262) 878-2200 Fax 262-878-2595

Web Site: www.townofdoverwi.com

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)