

APPLICATION FOR AN "OPERATOR'S" LICENSE

The local governing body of
The Town of Mitchell,
County of Sheboygan,
State of Wisconsin

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Mitchell, County of Sheboygan, Wisconsin, for an "Operator's" License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending June 30, 2017.

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.

Please print information

Applicant _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Employing Agency _____

Applicant's Signature _____

Subscribed and sworn to me before this

_____ day of _____, 2016

Notary Public/Town Clerk

Please submit this form and the \$15.00 fee to the Town Clerk