New
Renewal



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

License:	\$50	
Provisional:	\$15	
Duplicate:	\$10	

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

OPERATOR'S LICENSE APPLICATION

Application Date:					
APPLICANT INFORMATION	<u>)N</u> : <mark>(Please incl</mark>	ude a LEGIBLE cop	y of Driver's License	or State ID)	
(First)	(Middle)	(Last)	(Alias,	Maiden, Previous Name)	
(House Number & Street)			(Apt/Unit #)		
(City)		(State)	(Zip Code)	(Date of Birth)	
(Phone Number	r)		(Email)		
	ral); list relevan	t dates, details, and	-	by any court of law (include nave never been arrested or	
APPLICANT CONSENT &					
Wisconsin Statutes, and all ac ordinances and regulations, fe	ets amendatory the ederal, state or loc	reof and supplemental cal, affecting the sale of	thereto, and hereby agree f such beverages and liqu	to the limitations imposed by §125 to comply with all laws, resolutions uors if a license is granted to me. ar in which said license is issued.	
The City of Franklin will complet the License Committee regard			ted on this application. You	u may be contacted to appear before	
	as been convicted	of a misdemeanor or a		nall be issued by the City Clerk uporing to the activity being licensed, the	
	335, be issued und	der this chapter to any		alcohol beverages may, subject to ly been a law offender or has been	
	nial or revocation	n of my Operator's Li	application, and unde cense. Additionally, I ac	med in the preceding application rstand that any false or omitted cknowledge that I have read and theck of my name.	
X					
Signature of Applicant			Date		
Where would you like your	license sent? □	Home Address □ E	Employer Address		
OFFICE USE ONLY:					
Required Application Materials					
☐ Application ☐ License Fees					
□ Responsible Beverage Serve	r Course Certificate	<i>or</i> Approved Alternative (N	ew/Expired Applicants Only)		