



VILLAGE OF RICHFIELD

4128 HUBERTUS RD, HUBERTUS, WI 53033
262-628-2260

License #: TO -

APPLICATION FOR TEMPORARY OPERATORS LICENSE

LICENSE PERIOD Valid from 1 to 14 Days ~ TWO Such Licenses Per Year, ~ \$10 FEE

***** A FALSE or INCOMPLETE answer or statement in this application may result in denial or revocation of the license*****

Please Print

NAME OF APPLICANT: _____
 LAST FIRST MI

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

BIRTHDATE: ___/___/_____ BIRTHPLACE: _____ SSN: Last 4 Digits _____

SEX: M F RACE: _____ HEIGHT: ___' ___" WEIGHT: _____ lbs. HAIR: _____ EYES: _____

DL #: _____ STATE: _____ VEHICLE LICENSE PLATE #: _____ STATE: _____

EVENT NAME AND ADDRESS: _____

Have you **ever** been **CONVICED** of committing any crimes (felony or misdemeanor - including traffic crimes, operating while intoxicated, eluding, operating while revoked, etc), YES NO

Have you **ever** been **CONVICED** of violating ANY State Law, or Local Ordinances that regulate alcoholic beverages (ie: procure/sell/dispense/give to underage person, licensee furnishing to underage person)? YES NO

If you answered YES to any of the above questions, please complete the information below.
List any and all convictions separately. If additional space is needed, use the back of the form.

Date	Offense	Municipality

Are you currently on probation and/or parole? YES NO
If yes, for what offense? _____

Are you currently on bond restrictions? YES NO
If yes, in what county? _____

Do you have any PENDING criminal cases against you for violating ANY State Law or Local Ordinances?
PENDING means an offense that you were cited or arrested for, that has not been resolved. YES NO

OFFENSE: _____
Name of Law Enforcement Agency: _____

WAIVER AND CONSENT

I hereby certify that the answers on the above application are complete, true and correct to the best of my knowledge and belief. I am eighteen years of age or older. I agree in the consideration of the granting of this license, for the date(s) of the event, to comply with the laws of the State of Wisconsin, the Ordinances of Washington County, and all the provisions of the Municipal Code of Ordinances of the Village of Richfield.

I, by the signing of this application, consent to the full investigation of my background by law enforcement officials and also consent to the use and disclosure by the Village of Richfield, its elected officials, its employees and its agents of any and all information obtained in said investigation relative to my fitness to be a temporary licensed operator in the Village of Richfield.

I hereby waive all rights to privacy or privilege that I may have in the use of the material and information obtained from said investigation. Further, I do hereby release and hold harmless, and agree to release and hold harmless the Village of Richfield, its elected officials, its employees and its agents from any and all manner of action or cause of action, judgments, executions, debts, claims and demands which I may have or my heirs or assigns may have regarding the investigation of my background and use of said material and information obtained from said investigation.

APPLICANT'S SIGNATURE: _____ DATE: _____