

**APPLICATION FOR OPERATOR'S LICENSE**  
**Town of Herman, Shawano County**

License Expires June 30, 20\_\_\_\_\_

1. New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filing \_\_\_\_\_

2. Name \_\_\_\_\_  
(Print) First Initial Last

3. Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

4. Home Address \_\_\_\_\_  
Number & Street City State Zip

5. Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

6. Sex: M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

7. Are you a citizen of the United States \_\_\_\_\_

8. List all your residences for the past Two Years, to the date of application (*if different than your current address*):

\_\_\_\_\_  
\_\_\_\_\_

9. Have you EVER been convicted of a felony:  Yes  No  
If Yes; when, where and what type of violation? (Please be specific)

\_\_\_\_\_

10. Have you EVER been convicted of a misdemeanor, ordinance violation or traffic offense:  Yes  No  
If Yes; when, where and what type of violation? (Please be specific)

\_\_\_\_\_

***(Please note that any incomplete, inaccurate or untruthful information on any license application shall be cause for denial of such license.)***

11. Where will you be serving/selling alcohol beverages?

Trade Name: \_\_\_\_\_ Owner's Name \_\_\_\_\_

STATE OF WISCONSIN)

Shawano COUNTY)

The undersigned, BEING FIRST DULY SWORN ON OATH, deposes and says that he is the applicant named in the foregoing application; that he has read and made a COMPLETE answer to each question, and that his answer in each instance is true and correct.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Clerk-Notary Public **FEE: \$5.00** (Payable at time of application)

License No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Town of Herman Municipal Clerk N7241 Lower Lake Road Gresham, WI 54128