TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139
Phone (262) 878-2200 Fax (262) 878-2595
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 Statues, for the **year ending June 30, 20____.**

I am familiar with the laws, ordinances and regulations and I hereby agree, if granted said license, to obey all provisions of said laws.

_____, _____, _____
(NEATLY Printed Name) **(Middle)** **(Last)**

_____
(phone number)

_____
(address)

_____
(city, state, zip)

_____/_____/_____
(date of birth) **(Required)**

_____
(employing agency)

(SIGN IN FRONT OF NOTARY) _____
(your signature)

PLEASE HAVE THIS FORM NOTARIZED

Subscribed and sworn to me this ____ day of _____, _____
(month) (year)

_____
(signature)

_____
(title)

_____
(my commission ends)