Town of Rome Operator's License Application

For			g alcohol, pursuant to					efundable.		
						wo-month Provisional License (\$10)				
☐ Renewal (visional License issued today)									
Office use: LICOPR-2		-23 <u>-</u> Expi		ation Y	ear:					
	Certificate date:				Date I	Paid:				
Filling out your application										
		rivileg	ge, not a right. An	y false answers	or omis	ssions ma	y resul	lt in the denial of		
your app		illad ov	at a a a sumatal reamde	aommlataly,						
			at accurately and one to include the		fic incid	lent it is re	comm	ended that you		
-	the information.) WIICU	ner to merude the	racts of a specif	iic iiicid	icht it is ic	COIIIII	ended that you		
		w to re	spond to any que	stions on this fo	rm, che	ck with th	e Tow	n Clerk/Treasurer		
If you are unsure about how to respond to any questions on this form, check with the Town Clerk/Treasurer for clarification.										
 Your application will not be processed until you deal with outstanding warrants. 										
 You can obtain information regarding your arrest and conviction record from the police department, the 										
	•		or the Wisconsin					_		
		ndex.x	sl (CCAP may no	t provide a com	prehens	sive list of	ALL a	rrests and		
convictio	*		fran hara hara a		.i		1.41.4	verithin the atime o		
			f you have been c c Code § 234-8 T l							
-			overnment" tab an				II OI I	tome website		
	ur application		verimient tab an	d then selecting	, 10111	couc.				
•		ent wi	ll perform a backs	ground check to	verify	that the in	format	tion you have		
	is complete and a				J			•		
■ The police	ce department wi	l recor	nmend denial to	the Town Admi	inistrato	or if the ap	plicat	ion is falsified, not		
	, or doesn't meet		ckground require	ed of applicants			Rome (Code § 234-8).		
First Name		M.I.			Last Na	me				
G D	G		a.		l a	T 21				
Current Residence	ee: Street Address		City		State	Zij	9			
Phone	Date of Bir	th		Birth Place (City	, State)			Sex		
Driver's License	Number (State & Nu	mber)	Place of employme	ent and phone #		Email Address				
Other names alia	ases or birthdates eve	r used:								
,							_			
	ved in the last 5 year	s, includ	ling where you now r	eside (most						
recent first):						From:		To:		
						From: To:				
					From:		To:			
Indicate whether	1		•							
☐ U.S. Citizen ☐ Alien ☐ Temporary Resident (employment number)										
-over-										

Arrest	Arrest and Conviction Record											
	ur 17 th birthday, have yo	□ Yes	□ No									
	ng criminal traffic offen											
	enile, were you ever wai	□ Yes	□ No									
	u ever been convicted by	□ Yes	□ No									
	u ever been convicted of	☐ Yes	□ No									
List Al	Pending Citations	s, Tickets, or Criminal Charges	A1									
			At the time of	D:14-::								
3.7	Location	Charge	incident were you under the influence	Did the incident occur in or around an establishment that								
Year			of alcohol and/or	serves alcohol?								
			other drugs?									
Tigt Al	l Citationa Tiolesta	Manisimal/Ondinanas Vialetias	a within the leat 5 was	ντα /Ε 1 1'	D 1: T: 1 ()							
List All Citations, Tickets, Municipal/Ordinance Violations within the last 5 years (Excluding Parking Tickets). Attach additional paper if necessary.												
Attacira	dditional paper if necess	ary.	At the time of									
			incident were you	Did the incident occur in or								
Year	Location	Charge	under the influence	around an establishment that								
1 001			of alcohol and/or	serves alcohol?								
			other drugs?									
List Al	LL Criminal Convi	ctions. Attach additional paper if necess	sarv.									
		r - r	At the time of									
	Location		incident were you	Did the inc	eident occur in or							
Year		Charge	under the influence	around an establishment that serves alcohol?								
			of alcohol and/or									
			other drugs?									
The und	ersigned affirms that he	she made complete and true answers to e	ach, certifies they are over	the age of 18,	have read and							
		nes, authorizes review and full disclosure										
contact as well as arrests, agrees to comply with all laws ordinances and regulations, provides a photo copy of the non-expired driver's												
license or state issued identification card and that the applicant for an Operator's license is a Wisconsin resident.												
Applicant's Signature												
		To be filled out by the Rome										
Π.,		•	•									
Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or with the Rome Police Department												
Files indicate that the subject has the attached Criminal Arrest Record Approved Denied												
Rome Police Department Authorized Signature Date Administrator Signature Date												