TOWN OF TRENTON DODGE COUNTY, WISCONSIN

OPERATOR'S LICENSE APPLICATION FORM

DATE (OF APPLICATION:
NAME	: LAST
	FIRST
	M.I
ADDRI	ESS:
PHON	E:
RACE:	SEX:
DATE (OF BIRTH:
1.	HAVE YOU COMPLETED A RESPONSIBLE BEVERAGE SERVER TRAINING COURSE IN THE LAST 2 YEARS? (A COPY OF COMPLETION CERTIFICATE OR EXISTING CURRENT LICENSE MUST BE
	FURNISHED BEFORE ISSUING LICENSE)
2.	ARE YOU RENEWING AN EXISTING OPERATOR'S LICENSE?
3.	HAVE YOU HELD A RETAIL LICENSE, MANAGER'S OR OPERATOR'S LICENSE WITHIN THI LAST 2 YEARS?