



**OPERATOR'S LICENSE APPLICATION**  
To be used for new or renewal of operator's license  
2828 Allouez Avenue Bellevue, WI 54311 (920) 468-4196

NEW

RENEWAL

LICENSE EXPIRES \_\_\_\_\_

Print Name: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

**I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Bellevue, County of Brown, State of Wisconsin, for an Operator's License as provided by Section 125.17 of the Wisconsin Statutes, for the year ending \_\_\_\_\_. I certify that I am \_\_\_\_ years of age. I am familiar with laws, ordinances and regulations and I hereby agree if granted said license, to obey all provisions of said laws.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Fee: \$40.00/\$20.00 Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

NEED COPY OF CURRENT DRIVERS LICENSE & NWTC BEV. SERVE. CARD, PREVIOUS BELLEVUE LIC. OR LIC. FROM ANOTHER MUNICIPALITY

Date of Criminal Record Check: \_\_\_\_\_

License Good From \_\_\_\_\_ To \_\_\_\_\_ (MO/YR)

License No. \_\_\_\_\_ Initials: \_\_\_\_\_

Village Board Approval On: (Date) \_\_\_\_\_