



Operator License Application
Village of Howard

<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Operator \$ 40.00 <input type="checkbox"/> Provisional \$ 15.00	<input type="checkbox"/> Duplicate License \$5.00						
Temporary \$6.00 (License is limited to once per year, for a maximum of 14 days and only to persons employed by or donating their services for non profit corporations.) Date Needed: _____ Event Name: _____								
Office Use Only:	License #	Provisional #						
Filling Out Your Application: <ul style="list-style-type: none"> An Operator License is a privilege, not a right. Any false answers or omissions may result in the denial of your application. This application must be filled out accurately and completely. If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information. If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification. Your application will not be processed until you deal with any outstanding warrants. You can obtain information regarding your criminal history from the police department, the court with which you interacted, or the Wisconsin Circuit Court Access website at: www.wcca.wicourts.gov. Review Of Your Application: <ul style="list-style-type: none"> The Howard Police Department (Brown County Sheriff) or our clerical staff will perform a background check to verify that the information you have provided is complete and accurate. You may be called to appear before the Village Board if there are concerns about your criminal history as it relates to your application, or if it appears that you falsified or omitted information from your application. If you are asked to appear but choose not to do so, your application may be denied. 								
Last Name:		First Name:		Middle Name:				
Residence: Street Address:			City:		State:		Zip:	
Residence Phone:	Birthdate:	Birth Place (City, State)	Race	Sex	Height	Weight	Hair	Eyes
Driver's License # (State & Number)		Establishment Where Employed:			Contact Person & Phone Number:			
Other Names, Aliases or Birthdates ever used:								
Cities & States lived in the past 10 years:					From:		To:	
Please check box below if you have lived at this address for 10 years or more: <input type="checkbox"/>					From:		To:	
Indicate whether you are a U.S. Citizen, U.S. Alien or Temporary Resident:								
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien <input type="checkbox"/> Temporary Resident (Employment Number _____)								

Have you ever been convicted of a crime of manufacturing, distributing or delivering a controlled substance or controlled substance; possessing, with intent to manufacture, distribute or deliver, a controlled substance or under federal or any state law? (See Wis. Stats. 111.335(1)(cs).)List below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Since your 17 th birthday, have you ever been convicted of a felony or misdemeanor (including criminal traffic offenses)? List below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
As a juvenile, were you ever waived into adult court and convicted of a felony or misdemeanor? List below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you even been convicted by military court-martial? List below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently subject to any pending charges? List below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

List all convictions, citations, tickets and pending charges:

MONTH/YEAR	LOCATION	CHARGE	DISPOSITION

The undersigned affirms that he/she made complete and true answers to each question and understands that his/her past record will become part of this application and that the applicant applying for an Operator License is a Wisconsin resident.

_____ Date _____

Applicant's Signature

To be filled out by the Howard Police Department or Clerical Staff

<input type="checkbox"/>	Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau
<input type="checkbox"/>	Files indicate that subject has the attached Criminal Arrest Record.

_____ Date _____

Authorized signature performing background check

Receipt # _____ Dated: _____ Mail or Pick Up Date: _____