

CITY OF GALESVILLE
APPLICATION FOR “TEMPORARY OPERATOR’S LICENSE”

To the common council of the City of Galesville, County of Trempealeau, Wisconsin

I, the undersigned, do hereby respectfully make application to the local governing body, for a “Temporary Operator’s” License as provided by Section 125.17 of the Wisconsin State Statutes, for the period of:

_____ 20__ to _____ 20__.

Nonprofit organization you will be donating your services to:

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

_____	_____
Name (printed)	Signature
_____	_____
Address	City
_____	_____
State	Zip
_____	_____
WI Driver’s License Number	Date of Birth
_____	_____
Phone Number	_____
_____	_____
Approval of Chief of Police	Date

Date received and filed w/municipal clerk	Date reported to council	License # and date of issue
Provisional License number/date issued	Amount paid	Signature of clerk/deputy clerk