

**To avoid delays, Application must be completed in full.**

**TOWN OF GENEVA**  
**APPLICATION FOR OPERATOR'S LICENSE**

FILE # \_\_\_\_\_ ORIGINAL \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MI M D Y

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
NUMBER & STREET

PLACE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ IF YES, SPOUSE'S NAME: \_\_\_\_\_

CURRENT AND PREVIOUS EMPLOYMENT – PAST TWO YEARS: IF DISCHARGED OR TERMINATED, WHY? \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**REFERENCES:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_/\_\_\_\_-\_\_\_\_

**LIST YOUR ADDRESS (ES) FOR THE PAST THREE YEARS:**

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAWS OR ORDINANCES, INCLUDING TRAFFIC/PARKING?** YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST DATES AND REASONS: \_\_\_\_\_

**ARE YOU A CONVICTED FELON?** YES \_\_\_\_\_ NO \_\_\_\_\_ **DO YOU HAVE ANY PENDING CRIMINAL CHARGES?** YES \_\_\_\_\_ NO \_\_\_\_\_

**NAME AND ADDRESS OF BUSINESS (ES) YOU WILL BE WORKING AT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing you state all information included is true.

\_\_\_\_\_  
APPLICANT'S SIGNATURE / DATE

**OFFICIAL USE ONLY**

RECOMMENDED FOR LICENSE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHIEF OF POLICE

REASON FOR NOT RECOMMENDING LICENSE: \_\_\_\_\_

DATE APPROVED BY TOWN BOARD: \_\_\_\_/\_\_\_\_/\_\_\_\_ FEE PAID \$ \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

M D Y

M D Y

**PROVISIONAL ISSUED:** YES \_\_\_\_\_ NO \_\_\_\_\_ **DATE:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

CRIMINAL HISTORY CHECKED: \_\_\_\_\_ DRIVER'S LICENSE CHECKED: \_\_\_\_\_ FELON: \_\_\_\_\_