

**\*\*For ORIGINAL licenses, this form must include a copy of your completed server's course certificate OR a copy of your license from another municipality.\*\***

**Fee: \$50**

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

License #:

Check one: 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 \_\_\_\_\_

**CURRENT AND PREVIOUS EMPLOYMENT – PAST TWO YEARS:**

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Terminated? Y / N WHY?

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Terminated? Y / N WHY?

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Terminated? Y / N WHY?

**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?** 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-----**

Provisional Requested (additional \$15)  TOTAL FEE PAID \$ \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

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

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

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

CHIEF OF POLICE / DESIGNATED OFFICER

DATE APPROVED BY TOWN BOARD: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

LICENSE EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

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