

****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**

TOG 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: _____