

Have you been convicted of any **misdeameanor(s)**? _____ Yes _____ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of offense(s) _____

Have you been convicted of violating an **Ordinance or other offense (i.e. traffic)**? _____ Yes _____ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of offense(s) _____

Have you been convicted of violating any **license law or ordinance regulating the sale of beverages or intoxicating liquors**? _____ Yes _____ No

Date(s) of such conviction(s) _____

Name of Court(s) _____

Nature of offense(s) _____

Name and address of physician signing your health certificate filed here with N/A

Signature of Applicant

STATE OF WISCONSIN)
CHIPPEWA COUNTY)ss

_____, being first duly sworn on oath says that (he)(she) is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

Applicant sign here

Subscribed and sworn to before me this _____ day of _____, 20_____.

Clerk/Notary Public, Chippewa County, Wisc.
My commission expires _____