APPLICATION FOR TEMPORARY OPERATOR'S LICENSE

VALID FOR 1 - 14 DAYS.
ISSUED ONLY ONCE A YEAR TO AN INDIVIDUAL

PRINT the answers to the following questions fully and completely:

Name: _____
First Initial Last

Home Address: _____
Street City State Zip

Sex: M__ F__ **Date of Birth:** _____ **Age:** _____ **Place of Birth:** _____

Name of Event: _____

Date(s) of Event: _____

Name of the nonprofit corporation that you will be serving/selling
Malt Beverages for _____

_____
(Applicant's Signature)

FEE: $5.00 (Payable at time of Application)

Receipt No. _____ Date _____

License No. _____ Date of Issuance_____

City Clerk's Office ~ P.O. Box 150 ~ 160 S. Macy St. ~ Fond du Lac, WI 54935