

the license will be ready within 2 business days. New Applicant Renewal Applicant

Name of Applicant:	Kichter	Jaan		
	Last name	First name		MI
Former name(s) used	:		•	•
,		· _		The state of the s
Current Address:	1717 miss	'S ST BlackZa	with W25	SISIT
	Address	City	State	Zip
Previous Address:				
(if applicable)	Address	City	State	Zip
Primary Phone No.	1 AF 200-507	3 Th		
rimary rhone 140:	1001.0019.001	Driver License Number:	the same of the special distribution of the same of th	* *
				•
Birth Date: Y-1	7-67		magnetic and the second se	
How long have you c	ontinuously resided in Wi	sconsin? 354	RS	Tr.
		The Shack		
Place of employment	as an Operator:	The Shack		
How long have you b	een employed as an Oper		years	
77				
Have you completed	the Alcohol Awareness Pr	rogram? (Please provide pro	of of completion) $\bigvee Y$	ES NO
Have you been arrest conviction, penalty in	ted or convicted of a felon nposed, name of court in	y or traffic violation within which convicted and state dis	the last three years? If so sposition of charge. If no	, give dates or a t, state None.
			100	
			7	
Have you been convi	cted of operating a motor	vehicle while intoxicated? I	f yes, please explain. If no	t, state None.
		()	<u> </u>	
Name of the Original Address o	***************************************			
		ast two years for drug abuse	or alcoholism? If yes, ple	ase explain and give
dates. If not, state No	one.	17	\	
		NC)	······································

		aplete and true answers to ea		
Wisconsin Resident.	in become part of this ap	plication, and that the appli	cant applying for an Ope	rator's License is a
TABORONI INDUITOR		1		
*) with the contract	201
			THE PROPERTY	Z / n/e
			Applicant Signature	nel)
		FOR OFFICE USE ONLY		·
Date Received:	Casi	h:OR- Check#:	Lic.# Issued:	



the license will be ready within 2 business days.

New Applicant Renewal Applicant

TAT	OVE	A	-	1:	00	-
14	ew	H	ų.	Ж	ca	L

Name of Applicant:	Alle	Pebri	
***************************************	Last name	First name	MI
Former name(s) used:			
Current Address:	922 cent	er & Bluk	State Zip
	Address	City	State Zip
Previous Address:		•	
(if applicable)	Address	City	State Zip
Primary Phone No:	6083336633	Driver License Number:	1450-1738-5654
Birth Date: 5	2411985	· .	
How long have you co	ontinuously resided in Wis	sconsin? 36 years	
Place of employment		he Shack	
How long have you b	een employed as an Opera	ntor? 812020	•
Have you completed	the Alcohol Awareness Pr	ogram? (Please provide proof of	completion) (YES NO
conviction, penalty in	nposed, name of court in v	which convicted and state disposi	st three years? If so, give dates or a tion of charge. If not, state None. please explain. If not, state None.
	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		prouse explaint it not, state from
			
Have you been hospi dates. If not, state No		-	coholism? If yes, please explain and g
The undersigned affi	irms that he/she made con	_	********* f the questions and understands that applying for an Operator's License is
		App	licant Signature
		FOR OFFICE USE ONLY	
Date Received:	Casl	n:OR- Check#:	Lic.# Issued:

Date Received:

VILLAGE OF BLACK EARTH OPERATORS LICENSE APPLICATION

\$40.00 / 2 year License Non-Refundable Fee

Once application is approved by Village Board,

the license will be ready within 2 business days.

New Applicant Renewal Applicant

New Applicant

Name of Applicant:	WEINBERGER Last name	BRANDON First name		MI MI
Former name(s) used	:			
Current Address:	1927 BLUE MOUN	ODS ST. BLACK	EAFTH W	1 53515 Zip
Previous Address: (if applicable)	Address	City	State	Zip
Primary Phone No.	208 206-4460 Driv	er License Number: W 51	10 - D1D8	-438D-DI
C	20 /1984			
How long have you c	continuously resided in Wisconsin	? ALL MY VI	FE	
Place of employment	t as an Operator: THE	SHACK		
	peen employed as an Operator?		ie .	
	the Alcohol Awareness Program		pletion) YES	NO
•	ated or convicted of a felony or tra mposed, name of court in which c			
	icted of operating a motor vehicle		ase explain. If not,	
Have you been hospi dates. If not, state N	italized or treated in the last two yone.	years for drug abuse or alcoho		e explain and give
		*		
The undersigned aff	**************************************	nd true answers to each of the	e questions and und	lerstands that
		Buredon C	at Signature	
	EOD	Applicat	н элдиагиге	

Cash: ____ -OR- Check#: _

Lic.# Issued:_