



APPLICATION FOR RENEWAL OF OPERATOR'S LICENSE

FULL NAME _____
(FIRST, MIDDLE, & LAST)

PRIOR NAME _____
(FIRST, MIDDLE, & LAST)

ADDRESS _____
(HOUSE NUMBER, STREET, CITY, ZIP)

DOB _____

PHONE: _____ EMAIL _____

PLACE OF EMPLOYMENT _____

ADDRESS OF EMPLOYMENT _____

Have you been convicted within the previous licensing period of any violation of the law (other than traffic violations)? YES _____ NO _____

COMMENTS: _____

(Operating while under the influence of an intoxicant, controlled substance or any other drug is NOT considered traffic and MUST be reported) If yes, give date, reason, address of court and disposition.

I further certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of beverages under Class B licenses, and I hereby agree, if granted said license, to obey all provisions of said laws.

SIGNATURE OF APPLICANT

DATE

**** Please submit to the Clerk's Office at least two weeks before the expiration date of the Operator's License. ****

For Office Use:

Date Rec'd: _____ \$20 Renewal Fee Paid: Yes _____ No _____ Receipt # _____

Payor: _____ Copy of DL Yes _____ No _____ Bill # _____ ID# _____

Processed by: _____