

City of La Crosse, Wisconsin APPLICATION FOR PUBLIC PASSENGER VEHICLE OPERATOR LICENSE

Check One: ☐ New ☐ Renewal	Fee: \$	Invoice:		
The undersigned respectfully appl Sec. 10-593 of the La Crosse Mur ending December 31, 20				
NAME	First	<u>Full</u> Middle Last		Last
AGE				
DATE OF BIRTH				
IDENTIFICATION Driver License/State ID	ID Number Height	Weight Hair Co	olor	State Eye Color
PHONE NUMBER		-		
EMAIL				
ADDRESS	Street	City	State	Zip
MAILING ADDRESS If different.				
COMPANY EMPLOYED BY				
<i>Violations – please read careft</i> violations, alcohol, drug, etc. Include result in the rejection of this applicati	e any pending violations aron. **IF THIS IS A REI	nd/or charges that were disr NEWAL, list only violation	missed. Failure to ons since date of	list all violations may your last application.
HAVE YOU EVER BEEN ARRESTED? YES □ NO □		IF YES, FOR A FELONY? YES □ NO □		
DESCRIPTION OF C	DFFENSE	DATE OF OFFENSE	CITY & S	TATE OF OFFENSE
I certify the above information is license. Further, I understand the for past and/or pending violation	at refunds are not allow	ed for any portion of th	e application f	
Signature:			Date:	
Approval of Municipal Authori Upon investigation of statements hereby: □ APPROVED □ DE	made on this application	•	•	cords, license is
Office Use Only Issued:	License N	umber:		

DESCRIPTION OF OFFENSE	DATE OF OFFENSE	CITY & STATE OF OFFENSE