



*Town of*  
*Baileys Harbor*

2392 COUNTY RD F, • PO BOX 308 • BAILEYS HARBOR, WI 54202 • DOOR COUNTY, WI

---

APPLICATION FOR OPERATOR'S LICENSE

I, the undersigned do hereby respectfully make application to the Town of Baileys Harbor for a operator's license as provided by Section 125.17 of the WI State Statutes, for the year ending June 30, 20 .

I am      years old. I am familiar with laws, ordinances and regulations and I hereby agree if granted said license, to obey all provisions of said laws.

PLEASE PRINT

Name

Address

State

Zip

Date of Birth

Signature \_\_\_\_\_

Place of employment

Have you had an operator's license in the past 2 years?

Yes    No

If No have you attended a Bartender's course required by the State as of July 1st, 1991.

Yes    No