

OFFICE USE ONLY		
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## **COMMERCIAL QUADRICYCLE OPERATOR**

CLK133 (rev. 6/23)

CITY ORDINANCE 13.14

Fee: \$25.00/YEAR	Expires: December 31,	□ New  □ Renewal
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**PLEASE NOTE:** At time of filing your application, you will need to submit two (2) acceptable passport-sized photos. Photos will be kept on file and used for your license, which must be displayed at all times while operating a public vehicle.

## **OPERATOR INFORMATION**

Name:				
Name:	FIRST	MIDDLE		LAST
Date of Birth:		Sex:	Race:	
Height:	_ Weight:	Hair:		_ Eyes:
Home Address:	STREET			ATE, ZIP
	SIRLEI		011, 31/	, ΣΓ
Home Phone Number:		Busii	ness Phone Numb	ber:
Email:				(Contact will be made via Email)
Wisconsin Driver's Lice	nse Number:			
Employer Company Na	me:			
Employer's Address:	STREET		CITY, ST/	ATE, ZIP
Supervisor's Name:				
Two (2) Passport-Sized	Photos:  □ Attached			

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1. Have you ever had your driver's license suspended or revoked in any state? 
□ Yes □ No

If yes, provide: Charge, State, Date:

CHARGE	STATE	DATE

2. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies in any state? 
□ Yes □ No

If yes, provide: Charge, State, Date, Result (Include pending charges.):

CHARGE	STATE	DATE	RESULT

3. Have you ever served or been sentenced to serve time in jail or prison in any state? 

Yes 
No

If yes, provide: Charge, State, Date:

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state? □ Yes □ No

If yes, provide: Charge, State, Date, Result (Include pending charges.):

CHARGE	STATE	DATE	RESULT

**READ CAREFULLY BEFORE SIGNING**: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. A false application is a basis for this application to be denied. 
□ Yes, I understand. \_\_\_\_\_\_

Initial

Applicant Signature

Date

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