

OFFICE USE ONLY		
DATE FILED:		
INITIALS:		
PD:	-	

COMMERCIAL QUADRICYCLE OPERATOR

CLK133 (rev. 5/21) CITY ORDINANCE 13.14

Fee: \$25.00/YEAR	Expires: December 31,	□ New	Renewal

PLEASE NOTE: At time of filing your application, you will need to submit an acceptable passport-sized photo. Photo will be used for your license, which must be displayed at all times while operating a public vehicle.

OPERATOR INFORMATION

Name:			
Name:	MIDDLE		LAST
Date of Birth:	_ Sex:	_ Race:	
Height: Weight:	_ Hair:	Eyes:	
Home Address:		CITY, STATE, ZIP	
Home Phone Number:	Busine	ss Phone Number:	
Wisconsin Driver's License Number:			
Employer Company Name:			
Employer's Address:		CITY, STATE, ZIP	
Supervisor's Name:			
Registration Year:	Pa	ssport-Sized Photo: □ A	ttached
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1. Have you ever had your driver's license suspended or revoked in any state?
Que 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?
Q 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.
Question Yes, I understand.

Initial

Applicant Signature

Date

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