



License No. _____
Date Issued _____
Date Paid _____
Receipt # _____

THE APPLICANT SHALL CONSENT TO THE TAKING OF A CURRENT PHOTOGRAPH OF HIS/HER PERSON BY THE CITY. THE PHOTOGRAPH SHALL BE MADE PART OF THE LICENSE.

A FALSE OR INCOMPLETE ANSWER OR STATEMENT IN THIS APPLICATION MAY RESULT IN THE DENIAL OR REVOCATION OF THE LICENSE.

I HEREBY AUTHORIZE THE WEST BEND POLICE DEPARTMENT TO SECURE A RECORD CHECK FROM THE DEPARTMENT OF JUSTICE.

SIGNATURE: _____

Authorized Police Signature

Date

City Clerk

Date

LICENSE ISSUED ON: _____

LICENSE EXPRES ON: _____