



**Marathon City – Licensing
Committee**

311 Walnut Street PO Box 487
Marathon City, WI 54448
(715) 443-2221

Application Accepted:	
Accepted by:	
Background Date	
Passed / Failed	

OPERATOR LICENSE BACKGROUND AUTHORIZATION

The Information Provided By Applicant Will Be Utilized Only For Background Purpose.

Applicant Name:		Phone Number:
Mailing Address:		
City:	State:	
Email Address:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
SSN:		
Driver's License#:	Issuing State:	
Place of Employment (licensed facility name):		
Are You A License Operator In Another Community: <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipality:	
Have You Ever Been Convicted Of A Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please List Below (Date of Conviction, Charge, County and State Conviction)		

I, the undersigned swear and attest that the information provided on this form is complete and accurate. I understand that incomplete or false information on this form is grounds for denial of my license request by the Village of Marathon City.

Applicant Signature _____ Date _____