

Village of Sussex

Email: wisussex@wi.rr.com

N64W23760 Main Street, Sussex WI 53089
262-246-5200 Phone Fax 262-246-5222

Application for Bicycle License

LICENSE NO: _____ (For office use only)

\$10 LICENSE DOES NOT EXPIRE

APPLICANT INFORMATION

Name _____ Phone _____

Street _____ Apt. Number _____

City _____ WI Zip code _____

BICYCLE DESCRIPTION

Make _____ (Schwinn, Trek, etc) Color _____

Frame Size _____ Wheel Size _____ Serial Number _____

Type

- Boys/Mens
- Girls/Womens

Brakes

- No
- Yes

Headlight

- No
- Yes

Taillight

- No
- Yes

Tail Reflector

- No
- Yes

SIGNATURE

Signature of Applicant

Date