

LICENSE APPLICATION for
2 YEAR OPERATOR'S

SECTION 11.010
CITY OF MANITOWOC - CITY CLERK
900 QUAY STREET



License # FEES ARE NON-REFUNDABLE
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SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)		Previous Name(s)	
Street Address	City	State	Zip
Driver's License/ID Number Expiration Date		Renewal License	
Date of Birth	Sex	Telephone Number	

Submit Wisconsin Beverage Server Course Certificate with this application.

Where will you be using this license?

SECTION 2– PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief. Failure to answer any of the above questions truthfully will be considered grounds for denial of this license application. The applicant certifies that he/she is familiar with the laws and regulations pertaining to the sale of alcoholic beverages. Signer agrees to observe the provisions of the Manitowoc Municipal Code and Wisconsin Statutes.

Signature of Applicant: _____

Date License was Issued (For City Clerk Use Only) _____