6/25/2024 LICENSE APPLICATION for OPERATOR2YR



License # 240169 FEES ARE NON-REFUNDABLE

SECTION 11.010 CITY OF MANITOWOC

SECTION 1 – APPLICANT INFORMATION					
Applicant Name (Last, First, MI) SEEFELDT, BRIAN DOUGLAS				Previous Name(s)	
Street Address			City	State	Zip
1024 S 20TH ST			MANITOWOC	WI	54220
Driver's License/ID Number Expiration Date			5-15-61.00	Renewal License	
S1430646119101			True		
Date of Birth	Sex	Telephone Number			
5/31/1961	MALE	(920) 905-0469			
Submit Wisconsin Beverage Server Course Certificate with this application. True					
Where will you be using this license? THE POUR HOUSE					
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)_____