

9/2/2020

**LICENSE APPLICATION for  
OPERATOR1YR**

SECTION 11.010 CITY OF MANITOWOC



License # OP1-20014

**FEEES ARE NON-REFUNDABLE**

**SECTION 1 – APPLICANT INFORMATION**

Applicant Name ( Last, First, MI)  
PICKERING, JAMES

Previous Name(s)

Street Address  
1424 MAILAND DR

City  
MANITOWOC

State  
WI

Zip  
54220

Driver's License/ID Number Expiration Date  
101537072

Renewal License  
False

Date of Birth  
7/23/1982

Sex

Telephone Number  
6156741244

Submit Wisconsin Beverage Server Course Certificate with this application. False

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:

A handwritten signature in black ink, appearing to read 'James Pickering', written over a horizontal line.

Date License was Issued

A handwritten date in black ink, appearing to be '9/2', written over a horizontal line.