

7/10/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 240225

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
NEUSER, STEPHANIE LYNN

Previous Name(s)
NA

Street Address
2205 10TH ST

City
TWO RIVERS

State
WI

Zip
54241

Driver's License/ID Number Expiration Date
N260 7929 3879 09

Renewal License
False

Date of Birth
10/19/1993

Sex
F

Telephone Number
(920) 860-5752

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? COUNTRY VISIONS

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) _____