

8/7/2020

LICENSE APPLICATION for OPERATOR1YR

SECTION 11.010 CITY OF MANITOWOC



20 0828

License # OP120012
FEEs ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) **BOWMAN, KYLIE** Previous Name(s)

Street Address **5025 BROOKFIELD CIR** City **MANITOWOC** State **WI** Zip **54220**

Driver's License/ID Number Expiration Date Renewal License **False**

Date of Birth Sex Telephone Number **9209733773**

Submit Wisconsin Beverage Server Course Certificate with this application. **False**

Where will you be using this license? **FLEET FARM**

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: *Kylie Bowman*

Date License was Issued _____