

5/21/2025

**LICENSE APPLICATION for
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 250037

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
JONES, KITANA LASHAUN

Previous Name(s)
N/A

Street Address
626 S 20TH ST

City
MANITOWOC

State
WI

Zip
54220

Driver's License/ID Number Expiration Date
J520-5129-5666-08

Renewal License
True

Date of Birth
5/6/1995

Sex
FEMALE

Telephone Number
(414) 267-7853

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? VANS

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) _____