

8/7/2020
LICENSE APPLICATION for
OPERATOR2YR
SECTION 11.010 CITY OF MANITOWOC



License # 200215
FEES ARE NON-REFUNDABLE

20-0827

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) SIEBERT, COURTNEY		Previous Name(s)	
Street Address 944 S 26TH ST	City MANITOWOC	State WI	Zip 54220
Driver's License/ID Number Expiration Date		Renewal License False	
Date of Birth 10/12/1991	Sex FEMALE	Telephone Number 9206294496	
Submit Wisconsin Beverage Server Course Certificate with this application. True			
Where will you be using this license? CHEWY'S			

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 _____