

7/29/2024

**LICENSE APPLICATION for
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 240258

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
JOHNSTON, JOSEPHINE EVELYN

Previous Name(s)
NA

Street Address
146 WEBSTER ST

City
BEAVER DAM

State
WI

Zip
53916

Driver's License/ID Number Expiration Date
J523 4259 5701 07

Renewal License
False

Date of Birth
6/1/1995

Sex
F

Telephone Number
(920) 306-0943

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? BRIX

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) _____