

Call when ready

1/10/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 230371

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)

GARZA, JESSE THOMAS

Previous Name(s)

Street Address

815A JAY ST

City

MANITOWOC

State

WI

Zip

54220

Driver's License/ID Number Expiration Date

Renewal License

True

Date of Birth

2/15/1988

Sex

MALE

Telephone Number

(920) 320-7464

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? TJ'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:

[Handwritten signature]

Date License was Issued (for City Clerk Use Only) \_\_\_\_\_