



# CITY OF MANITOWOC

WISCONSIN, USA

[www.manitowoc.org](http://www.manitowoc.org)

April 1, 2024

CARTER ANN TROST  
1209 NEW YORK AVE  
MANITOWOC WI 54220

Dear Carter Ann Trost;

Your application for an Operator's License, received 03/28/24, has been recommended for denial pursuant to Wis. Stat. 125.17 and Wis. Stat. 125.04(5)(a) after reviewing your arrest and conviction record.

This recommendation will be forwarded to the Finance Committee Meeting, which will be held in the Council Chambers at City Hall (900 Quay Street) on May 7, 2024 at 5:30pm. You are welcome to attend this meeting. Please see the enclosed City of Manitowoc Alcohol Beverage License Enforcement Policy Guidelines (guideline 3) for more information.

Please do not hesitate to contact us with any questions at (920) 686-6950.

Sincerely,

Mackenzie Reed  
City Clerk

MR:jlt

CC: City Attorney  
Finance Committee

2/2024

**LICENSE APPLICATION for  
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 230395

**FEES ARE NON-REFUNDABLE**

**SECTION 1 – APPLICANT INFORMATION**

Applicant Name ( Last, First, MI)

TROST, CARTER ANN

Previous Name(s)

Street Address

1209 NEW YORK AVE

City

MANITOWOC

State

WI

Zip

54220

Driver's License/ID Number Expiration Date

~~T623 1019 6361 02~~ T623-1019-6961-02

Renewal License

False

Date of Birth

12/21/1996

Sex

FEMALE

Telephone Number

(920) 681-1069

Submit Wisconsin Beverage Server Course Certificate with this application.  True

Where will you be using this license? THE STRAND

**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) \_\_\_\_\_

4/1/24 - recommend denial - CBP