

5/31/2024

**LICENSE APPLICATION for  
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



**License # 240073**

**FEES ARE NON-REFUNDABLE**

**SECTION 1 – APPLICANT INFORMATION**

**Applicant Name ( Last, First, MI)**  
WHITE, AMANDA CHRISTINE

**Previous Name(s)**  
KERWIN

**Street Address**  
114 N 41ST ST

**City**  
MANITOWOC

**State**  
WI

**Zip**  
54220

**Driver's License/ID Number Expiration Date**  
W300-0038-1917-00

**Renewal License**  
True

**Date of Birth**  
11/17/1981

**Sex**  
F

**Telephone Number**  
(920) 296-2997

**Submit Wisconsin Beverage Server Course Certificate with this application.** True

**Where will you be using this license?** DINO STOP

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

