

4/24/2025

**LICENSE APPLICATION for
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 250019

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
GREENE, EMILY JANE

Previous Name(s)

Street Address
1306 GREEN ST

City
MANITOWOC

State
WI

Zip
54220

Driver's License/ID Number Expiration Date
G65021001929-09

Renewal License
True

Date of Birth
11/29/2001

Sex
FEMALE

Telephone Number
(920) 323-6865

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? SHOOT THE BULL

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: Emily Greene

Date License was Issued (for City Clerk Use Only) _____

4/28 letter to VM

5/6 Finance

5/10 Council