

7/2023

LICENSE APPLICATION for OPERATOR1YR

SECTION 11.010 CITY OF MANITOWOC



License # OP1-23013
FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
BELL, PATRICK R

Previous Name(s)

Street Address
814 MADISON ST UNIT B

City
MANITOWOC

State
WI

Zip
54220

Driver's License/ID Number Expiration Date
B400-6768-6271-00

Renewal License
False

Date of Birth
7/31/1986

Sex
M

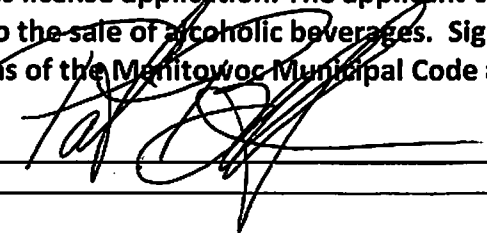
Telephone Number
(262) 323-4899

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? SUPERIOR DISCOUNT LIQUOR

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) _____

Denied 9/29/23 CBP