

6/25/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 240168
FEES ARE NON-REFUNDABLE

SECTION 1 - APPLICANT INFORMATION

Applicant Name ( Last, First, MI) COENEN JR, ROBERT DALE
Previous Name(s) N/A

Street Address 1605 S. 16TH
City MANITOWOC
State WI
Zip 54220

Driver's License/ID Number Expiration Date C5507648038100
Renewal License True

Date of Birth 10/21/1980
Sex MALE
Telephone Number (920) 973-4211

Submit Wisconsin Beverage Server Course Certificate with this application. False

Where will you be using this license? MEADOW LANES WEST

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)