

6/25/2025

**LICENSE APPLICATION for
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 250174

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
ORTH, CARRIE A NN

Previous Name(s)
n/a

Street Address
1240 ARLINGTON AVE

City
MANITOWOC

State
WI

Zip
54220

Driver's License/ID Number Expiration Date
O630-1017-8544-00

Renewal License
True

Date of Birth
2/4/1978

Sex
FEMALE

Telephone Number
(920) 242-1106

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? KWIK TRIP

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: Carrie A. Orth

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