

6/24/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 240162

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI)
OURADNIK, JAMES ALLEN

Previous Name(s)

Street Address
2215 PINE TREE DRIVE

City
TWO RIVERS

State
WI

Zip
54241

Driver's License/ID Number Expiration Date
O635-4415-7181-07

Renewal License
True

Date of Birth
5/21/1957

Sex
MALE

Telephone Number
(920) 901-5919

Submit Wisconsin Beverage Server Course Certificate with this application. False

Where will you be using this license? EAGLES CLUB

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 of James Allen Ouradnik]

Date License was Issued (for City Clerk Use Only) \_\_\_\_\_