

7/1/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 240206
FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI) KOBELITZ, KARI KAY Previous Name(s)

Street Address 917 RATON CT City MANITOWOC State WI Zip 54220

Driver's License/ID Number Expiration Date K143-5116-3901-08 Renewal License True

Date of Birth 11/1/1963 Sex F Telephone Number (920) 376-0138

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? MEIJER

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: Kari Kobelitz

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

Nathan will plu.

Call when ready