

6/26/2024

LICENSE APPLICATION for OPERATOR2YR

SECTION 11.010 CITY OF MANITOWOC



License # 240172  
FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name ( Last, First, MI) ROBERTSON, TAMARA LYNN  
Previous Name(s) N/A

Street Address 937 CIRCLE DR  
City MANITOWOC  
State WI  
Zip 54220

Driver's License/ID Number Expiration Date R163-8127-4595-08  
Renewal License True

Date of Birth 3/15/1974  
Sex FEMALE  
Telephone Number (920) 905-8431

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? POUR HOUSE

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: Tamara Robertson

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

6/27 @ 12:58pm - Can't leave msg. Vm not set up