

250016

**LICENSE APPLICATION for
2 YEAR OPERATOR'S**

SECTION 11.010
CITY OF MANITOWOC



License #

FEES ARE NON-REFUNDABLE

~~230298~~

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)

Previous Name(s)

Hammersley Pamela L

Street Address

City

State

Zip

1117 Division St

Manitowoc

WI

54220

Driver's License/ID Number Expiration Date

Renewal License

H562-6727-2520-09

1-20-2028

Date of Birth

Sex

Telephone Number

01-20-1972 F

920-908-7472

Submit Wisconsin Beverage Server Course Certificate with this application.

Where will you be using this license?

Family Dollar

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:

Date License was Issued _____