Application for Beverage Operator's License - La Crosse, WI

Renewal: X

New:

To The Common Council of the City of La Crosse:

Receipt Number:

166632

The undersigned respectfully a	applies for a Beverage O	
X 2 Year - \$ 50 ιου	X 60-Day - \$15.00	14-Day - \$15.00
Year ending June 30, 2021	Period ending:	Period from: to:
Last Name	QUINONES	
First Name and MI	MICHAEL W	
Full Middle Name	WILLIAM	
Age	26	
Date of Birth		
Place of Birth	FLORIDA	
Phone	(608) 881-2888	
Current Address	333 BUCHNER PL #310	
City, State, Zip	LA CROSSE WI 54603	
Add'l Mail Name		
Mailing Address	333 BUCHNER PL #310	
Mailing City, State, Zip	LA CROSSE WI 54603	
Previous Address	2727 PROSPECT ST	
Previous City, State, Zip	LA CROSSE W1 54603	
Place of Employment	NEIGHBOR'S BAR	
Identification		
license. Further, I understand	that refunds are not allo offenses and/or for any	oplete, and that falsification may result in denial of such owed for any portion of the application fee paid even if outstanding debts owed to the City.
FOR OFFICE USE ONLY		
Initial of CCO Emp: TJF	Granted:	2-Year License Number :
Training: CERTIFICATION 06/	03/2016; REN 17-19; LATE R	EN 19-21
l, the undersigned Chief of Police of the his/her qualifications as a beverage ope	City of La Crosse, do hereby cert erator in the City of La Crosse an	ify that I have examined the within applicant as to d becoby source such application.
Date: 7/17/19 sign	eature of Chief:	