

5/29/2025

**LICENSE APPLICATION for
OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 250052

FEES ARE NON-REFUNDABLE

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)
SUMMERS, BREANNE M

Previous Name(s)
N/A

Street Address
3417 LINDBERGH DR

City
MANITOWOC

State
WI

Zip
54220

Driver's License/ID Number Expiration Date
S562-0738-4787-06

Renewal License
True

Date of Birth
8/7/1984

Sex
F

Telephone Number
(920) 905-0732

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? CENEX RAPIDS RD

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: Breanne Summers

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