

2/2024 12:00:00 AM

**LICENSE APPLICATION for OPERATOR2YR**

SECTION 11.010 CITY OF MANITOWOC



License # 230396

**FEES ARE NON-REFUNDABLE**

**SECTION 1 – APPLICANT INFORMATION**

Applicant Name ( Last, First, MI)  
SEEBER, SAMANTHA SUE

Previous Name(s)  
N/A

Street Address  
4416 S 10TH ST

City  
MANITOWOC

State  
WI

Zip  
54220

Driver's License/ID Number Expiration Date  
S160-7979-6680-08

Renewal License  
False

Date of Birth  
5/20/1996 12:00:00  
AM

Sex  
F

Telephone Number  
(920) 645-3337

Submit Wisconsin Beverage Server Course Certificate with this application. True

Where will you be using this license? TRAINWRECK

**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 (for City Clerk Use Only) \_\_\_\_\_

3/15/24 - recommended for denial  
letter sent - finance 3/28  
called 3/19 & Imom

Call when ready.