



Liquor/Beer Agent

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

(Agenda Item Number) -if change-

(Legistar file number) -if change-

WCLIB-2017-01086
(License number)

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

licensing@cityofmadison.com
608-266-4601

(Alder District # and Name)
Office Use Only

- This application is for Liquor/Beer Agents for new alcohol licenses and for a change of Liquor/Beer Agent to an existing alcohol license.
 - If you are a **new** agent for a **new** license, there is no charge.
 - If this is a **change of agent**, there is a \$10.00 charge.
- Please include a **background check form** and copy of your **picture ID** with this application.
- Please include documentation that you have taken **Beverage Server Training** or have held an **Operator's License** within the last two years.

To be completed by Corporate Officer or Member of LLC

I, DAN MARTIN, officer/member for BELL GREAT LAKES (Corp/LLC),
doing business as AREA COACH FOR TACO BELL, authorize and appoint SOFIA AVELLA - SALAS
Name
as the liquor/beer agent for the premise located at TACO BELL 534 State Street.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature], 6-18-20
Signature of corporate officer/member Date

To be completed by appointed Liquor/Beer Agent

I, SOFIA AVELLA - SALAS, appointed liquor/beer agent for BELL GREAT LAKES (Corp/LLC),
being first duly sworn, affirm that I have full authority and control of the premise described
in this license, and I am involved in the actual conduct of the business as an employee, or have a direct
financial interest in the business of the licensee. The percent of the business I own is 0 %.

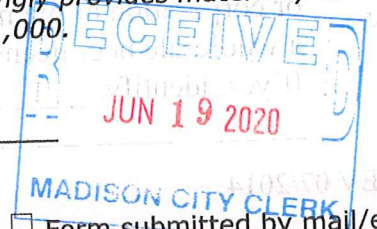
I have included a copy of my photo ID and Beverage Server Training certificate/Operator's license.

Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Sofia Avella Salas, 6-18-20
Signature of corporate Agent Date

[Signature]
REV 09/2018

6-18-20



Form submitted by mail/e-mail
Office Use Only