



# Liquor/Beer Agent

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

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

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

(Agenda Item Number) - If change
(Legistar file number) - If change L10618-2024-00519
(License number) 3-Field
(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 \$1000 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, Ann Fedder, officer/member for Mega Marts, LLC (Corp/LLC),  
doing business as Metro Market #434, authorize and appoint Johnny Chowanlec  
Name  
as the liquor/beer agent for the premise located at 6010 Cottage Grove Road Madison, WI 53718.

*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.*

, 1/10/25  
Signature of corporate officer/member Date

### To be completed by appointed Liquor/Beer Agent

I, Johnny Chowanlec, appointed liquor/beer agent for Mega Marts, LLC (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.*

, 1-10-25  
Signature of corporate Agent Date

REV 09/2018

<input type="checkbox"/> Form submitted by mail/e-mail Office Use Only
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