

☐ Class C Wine

## Liquor/Beer **Agent**

Class A: ☐ Beer, ☐ Liquor, ☐ Cider	City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703
Class B: ☒ Beer, ☐ Liquor,	licensing@cityofmadison.com
oldos B. E Beel, E Elquoi,	608-266-4601

(Agenda Item Number) -if cl	hange-
(Legistar file number) ~if cha	inge-
LICLIB - 2018 -	00866
(License number)	
(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.
  - o 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, <u>Kelly M. Kaiser</u>	, officer/member for <u>Portill</u>	o's Hot Dogs, LLC (Corp/LLC),
doing business as_ Portillo's Hot Dogs, LLC		Ricardo Ramirez
as the liquor/beer agent for the premise lo	cated at 4505 East Tow	vne Mall, Madison, WI 53704
Penalty for materially false application info information on this application may be required as a signature of corporate officer/member	rmation: Any person who knuired to forfeit not more than	owingly provides materially false a \$1,000.
To be completed by appointed Liquor/Beer Agent		
I, <u>Ricardo Ramirez</u> , appoir	ted liquor/beer agent for P	ortillo's Hot Dogs, 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 lice	nsee. The percent of the bus	iness I own is0 %.
☑ I have included a copy of my photo ID a	and Beverage Server Training	g certificate/Operator's license.
Penalty for materially false application infoinformation on this application may be required.  Signature of corporate Agent	rmation: Any person who knowired to forfeit not more than U (u 25	APR 2 3 2025
REV 09/2018		Form submitted by mail/e-mail