

Liquor/Beer Agent

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	City of Madican Clark	
STEEN STEEN	City of Madison Clerk	(License riumber)
	210 MLK Jr Blvd, Room 103 Madison, WI 53703	LANKELLA
Class A: Ⅺ Beer, 🏻 Liquor,Ⅺ Cide	er	(Alder District # and Name)
	licensing@cityofmagisoff.com	Office Use Only
Class B: Beer, Liquor,	608-266-4601	The state of the s
☐ Class C.Wine		
The blank on in for Liquor.	Beer Agents for new alcohol licenses	and for a change of
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If you are a new 200	nt for a new license, there is no cha-	rge.
o If this is a change of	agent, there is a \$10.00 charge.	ure ID with this application.
Please include a backgroun	d check form and copy of your pict in that you have taken Beverage Se	rver Training or have held
an Operator's License with	nin the last two years.	
To be completed	by Corporate Officer or	Member of LLC
o up Ziellen	, officer/member for Kwik	Trip, inc. (Corp/LLC),
I, Scott P. Zietlow	, officer/member rot	Diagram Thomason
doing business as Kwik Trip 956.	, authorize and appoint N	Breann Momason
doing business abay to the control of the control o	A 450 Marsha Canada D	ame - Madison W/ 53719
as the liquor/beer agent for the pre	mise located at 3153 Maple Grove D	1., Wadison, Wood to
		and materially false
Penalty for materially false applicat	ion information: Any person who kno	¢1`∩∩∩
information on this application may	De required to forter hot man	
SHP FIFT	9/25/25 Date	•
Signature of corporate officer/member .	Date	
Scott P. Zietlow		1
Scott P. Zietlow		r/Reer Agent
To be comple	ted by appointed Liquo	- I
- Breann Thomason	pappointed liquor/beer agent for Kw	vik Trip, Inc. (Corp/LLC),
I, Dicarit Thomas	ir the	- promise described
being first duly sworn, affirm that	I have full authority and control of th	e premise described
	n the actual conduct of the business	as an employee, or have a direct
in this license, and I am involved in	If the actual community	. O o
financial interest in the business of	the licensee. The percent of the bus	iness I own is %.
Indicial Wiles		
X) I have included a copy of my pl	noto ID and Beverage Server Training	g certificate/Operator a inconsor
Penalty for materially false applica	tion information: Any person who kn	- \$1.000.
information on this application ma	y be required to forfeit not more than	†
to the	0117115	· ·
Jamos I Momo	your 1/LIILS	
Signature of corporate Agent	A Date	The state of the s
Breann Thomason	•	Form submitted by mail/e-mal
REV 09/2018		Office Use Only
		OHIO OSCIPLIA