



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
608-266-4601

(Agenda Item Number) -if change-
(Legistar file number) -if change-
LIC11A-2019-00807 (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.
 - 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, Scott P. Zietlow, officer/member for Kwik Trip, Inc. (Corp/LLC),
doing business as Kwik Trip 955, authorize and appoint Amanda J. Schultz
Name
as the liquor/beer agent for the premise located at 1625 N. Stoughton Rd., Madison, WI 53704

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.

Scott P. Zietlow, 7-13-23
Signature of corporate officer/member Date
Scott P. Zietlow



To be completed by appointed Liquor/Beer Agent

I, Amanda J. Schultz, appointed liquor/beer agent for Kwik Trip, Inc. (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.

Amanda J. Schultz, 7-13-23
Signature of corporate Agent Date
Amanda J. Schultz

REV 09/2018

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