



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-

(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.
 - o 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, _____, officer/member for _____ (Corp/LLC),

doing business as _____, authorize and appoint _____
Name

as the liquor/beer agent for the premise located at _____.

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 of corporate officer/member

Date

To be completed by appointed Liquor/Beer Agent

I, _____, appointed liquor/beer agent for _____ (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 _____ %.

☐ 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.

Signature of corporate Agent

Date

To be completed by the Liquor/Beer Agent applicant

Name: _____

Residence: _____ Email: _____
city, state & zip code

Phone: _____ Birth date: _____ Birthplace: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver License Number: _____ Beverage Server Training: _____
Date Completed

How long immediately prior to making this application have you continuously resided in the State of Wisconsin? _____

Other than the address above, places of residence for the past five years:

Address	From (date)	To (date)

Last 3 cities in which you worked	Address from which business was conducted	Date you left

☐ Yes
☐ No Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. _____

☐ Yes
☐ No Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. _____

☐ Yes
☐ No Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. _____

☐ Yes
☐ No Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. _____