



Liquor/Beer Agent

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

licensing@cityofmadison.com
608-266-4601

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

(Agenda Item Number) -if change-

(Legistar file number) -if change-

LICUA-2018-00159
(License number)

B EVANS
(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, Greg Evans, officer/member for Dairyland Retail Group (Corp/LLC),
doing business as 7-11, authorize and appoint Elizabeth Evans
Name
as the liquor/beer agent for the premise located at 1401 Regent St. Madison, WI 53711.

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], 4/9/19
Signature of corporate officer/member, Date

To be completed by appointed Liquor/Beer Agent

I, Elizabeth Evans, appointed liquor/beer agent for Dairyland Retail Group (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.

Elizabeth, 04/12/19
Signature of corporate Agent, Date

Form submitted by mail/e-mail
Office Use Only

Invoiced & paid 4/15