

Liquor/Beer Agent

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

Class A:	\square Beer, \square Liquor, \square Cide	r
Class B:	🔀 Beer, 🗌 Liquor,	
,	Class C Wine	

licensing@cityofmadison.com 608-266-4601

(Agenda Item Number) –if cha	inge-
(Legistar file number) –if chan	ge-
LICLIB-2018-00	330
(License number)	
(Alder District # and Name) Office Use Only	

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

	E. (AN	G0.12,5	-	- (THE	HEIGHT	(ILITEHEN	(Com (116)	É
I,	FOIN	GIEVE		, officer/me	ember fo	r_////	171-7-2-1		_ (Corp/LLC)	אני אני
doina	business	as THE	HEIGHTS	, autho	rize and	appoint	EMN	GES JEI	s (mys)	ELF)
domg	Business						Name			
as the	e liauor/be	er agent for t	ne premise lo	cated at _!	١ ٨٠.	ALLE	EN ST.	MADIS	v m1 73	,35
		5								
Penal inform	ty for mat nation on	erially false ap this application	pplication info n may be req	ormation: A uired to for	ny perso feit not i	n who k nore tha	nowingly p an \$1,000.	provides ma	terially false	
		Prote officer/mem	•	/	1 - 1					
Signa	iture of corpo	orate officer/mem	ber	Date						
	2	Γo be con	pleted b	у арро	inted	Lique	or/Bee	r Agent		
I,	EM	Gravzis	, appoi	nted liquor/	beer age	nt for 14	te Iteight	& ICITEHEN	_ (Corp/LLC	2),)
		sworn, affirm								
in this	s license, a	and I am invol	ved in the ac	tual conduc	t of the	business	s as an em	ployee, or h	ave a direct	r F
		st in the busin								
XII	nave includ	ded a copy of I	my photo ID	and Bevera	ge Serve	er Trainii	ng certifica	ite/Operator	's license.	
Penal inforr	lty for mat nation on	erially false ap this application	oplication info n may be req	ormation: A uuired to for	ny perso feit not i	n who k more tha	nowingly p an \$1,000.	orovides ma	terially false	100
		Flo		/ Date	4-1	-21				
Signa	ture of corpo	orate Agent		Date						
REV	09/2018						☐ Fo	rm submitte	ed by mail/e	-mail