

Liquor/Beer Agent

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

Class A: \square Beer, \square Liquor, \square Cider
Class B: ⋉Beer, ⋉Liquor,
☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

genda Item Number) –if change
egistar file number) –if change-
54279-54431
icense number)
Hervery Ider 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,Tho	omas F. Kissinger	, officer/member for <u>Marcus</u>	Hotels Hospitality, LLC_ (Corp/LLC),	
doing busin	ess as Hilton Madison at Monona Te	errace, authorize and appoint N	LaMarvon J. Jackson	
as the liquo	r/beer agent for the premise	located at 9 E. Wilson Street	et, Madison, WI 53703 .	
		nformation: Any person who kno equired to forfeit not more than	owingly provides materially false \$1,000.	
Signature of (Thomas F	corporate officer/member Kissinger, President & Secretar	y) March <u>3</u> , 2025 Date		
To be completed by appointed Liquor/Beer Agent				
ı, <u>LaMa</u>	rvon J. Jackson, app	ointed liquor/beer agent forM	arcus Hotels Hospitality, LLC (Corp/LLC),	
being first d	luly sworn, affirm that I have	e full authority and control of the	e premise described	
in this licens	se, and I am involved in the	actual conduct of the business a	as an employee, or have a direct	
financial int	erest in the business of the li	censee. The percent of the busi	ness I own is0 %.	
X I have in	cluded a copy of my photo II	O and Beverage Server Training	certificate/Operator's license.	
		nformation: Any person who kno equired to forfeit not more than	owingly provides materially false \$1,000.	
Signature of	corporate/Agent	, <u>March </u> , 2025		
_	C	Date		
REV 09/201	8		☐ Form submitted by mail/e-mail Office Use Only	