



City of Madison Liquor/Beer License Renewal Convictions Supplement

1. Name of Sole Proprietor, Partnership, Corporation or LLC _____

2. Trade Name (doing business as) _____

3. Licensed Address _____

Name	Statute/Ordinance	Charge	
Where Convicted	Date	Penalty	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony

Name	Statute/Ordinance	Charge	
Where Convicted	Date	Penalty	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony

Name	Statute/Ordinance	Charge	
Where Convicted	Date	Penalty	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony