



# City of Madison Wholesaler Report

## Release Hold on License

This is to certify that \_\_\_\_\_, doing business as \_\_\_\_\_,  
Name of licensee Trade name at \_\_\_\_\_,  
address of licensed premises

Madison, Wisconsin, has **paid in full** the following invoices which were previously reported to you as delinquent in excess of thirty days:

Invoice Number	Date	Amount	Invoice Number	Date	Amount

Wholesaler Verification: I declare under penalties of law that I have examined the records maintained in the normal course of business as a wholesaler and certify that this retail licensee has no other indebtedness for  intoxicating liquors or  beer/malt products sold by us in excess of thirty days permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Wholesaler

\_\_\_\_\_  
Address

Clerk's Office	Date Stamp
License # _____	
Released by _____ (initials)	
Date: _____	

