



City of Madison Wholesaler Report

Place Hold on License

This is to certify that _____, doing business as
Name of licensee

_____ at _____,
Trade name address of licensed premises

Madison, Wisconsin, is indebted in excess of 30 days for liquor or fermented malt beverages purchased and delivered to the named licensee on the dates and in the amounts shown by the following invoices:

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 of intoxicating liquors or beer/malt products and that each of the invoices listed above is unpaid as of _____ (date).

Signature

Date

Printed Name

Title

Wholesaler

Address

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

