

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

<u>licensing@cityofmadison.com</u> 608-266-4601

(Agenda Item Number)
(Legistar file number)
(License number)
(Alder District # and Name) Office Use Only

- This application is to inform the city of any changes in corporate structure.
- o **The fee** for filing this application is \$25.00.
- o Please include a completed a **Background Investigation Form** and copy of a **picture ID** for each **new** officer/member/director with this application (not necessary for title changes).

	L	icensed	Premises	Informati	tion
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Class A: ☐ Beer, ☐ Liquor, ☐ Cider

☐ Class C Wine

Class B: ☐ Beer, ☐ Liquor,

This application modifies existing alcohol license number:						
Business dba Name:						
Licensed Address:						
Liquor/Beer Agent Name:	r/Beer Agent Name: Alder, District #:					
Corporate Information						
Business Legal Name (as on WI State Sellers Permit):						
Business Mailing Address:						
Business Contact Name, Position:						
Business Phone: Business Email:						
List New Officers/Members/Directors, if applicable (attach background check form for each):						
Name	Title					
Officers (Manuel and (Directors and a suit) and leaves the held the impositions						
Name	cers/Members/Directors who will no longer hold their positions: Former Title					
Nume	Torrior Title					

Do any of the officers/members/direc license?	tors possess any interest or control	in any other Class A, B or C			
\square No \square Yes, explain:					
After this change, how many total offi	cers/members/directors will be in the	he organization?:			
Will this change alter your business p	lan? \square No \square Yes, please attach ne	w business plan with application.			
Penalty for materially false application information: Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.					
Authorized Signature	 Date	☐ Form submitted by mail/e-mail Office Use Only			
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