

Change of Officers

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

Class A: ☑ Beer, ☐ Liquor, ☐ Cider Class B: ☐ Beer, ☐ Liquor,

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

(Agenda	Item Numb	er)	
(Legistar	file number	-)	
(License	number)		
(Alder Di	strict # and Office U		,

- This application is to inform the city of any changes in corporate structure.
- **The fee** for filing this application is \$25.00.
- 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).

Licensed Premises Information	
This application modifies existing alcohol license numb	er: <u>LICLIA-2017-00172</u>
Business dba Name: <u>CP Mart NE</u>	
Licensed Address: 4905 Commercial Avenue, Madis	on, WI 53704
Liquor/Beer Agent Name: <u>Asad Shahzad</u>	Alder, District #:3
Corporate Information	
Business Legal Name (as on WI State Sellers Permit):	Capitol Petroleum, LLC
Business Mailing Address: <u>2570 Rimrock Road, Madi</u>	son, WI 53704
Business Contact Name, Position: <u>Asad Shahzad, A</u>	gent/Manager
Business Phone: <u>(608) 442-0000</u> Business Phone	ness Email: <u>officemgr1957@gmail.com</u>
List New Officers/Members/Directors, if applicab	le (attach background check form for each):
Name	Title
Asad Shahzad	Member
Officers/Members/Directors who will no langer h	ald their positions:
Officers/Members/Directors who will no longer h	Former Title
Gohar Shahzad	Member
Sorial Stidifeda	

Do any of the officers/members/directors license?	possess any interest or control	in any other Class A, B or C		
□ No ☑ Yes, explain: <u>There are 7 licenses in Madison, 1 in the Town of Madison, and 1 in Fitchburg.</u> See the attached list After this change, how many total officers/members/directors will be in the organization?: <u>1</u>				
Will this change alter your business plan? \boxtimes No \square Yes, please attach new 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	9-14-22 Date	☐ Form submitted by mail/e-mail Office Use Only		