



# Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103  
Madison, WI 53703

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

Class A: ☒ Beer, ☐ Liquor, ☐ Cider

Class B: ☐ Beer, ☐ Liquor,

☐ Class C Wine

\_\_\_\_\_  
(Agenda Item Number)

\_\_\_\_\_  
(Legistar file number)

\_\_\_\_\_  
(License number)

\_\_\_\_\_  
(Alder District # and Name)

Office Use Only

- o 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).

### Licensed Premises Information

This application modifies existing alcohol license number: LICLIA-2017-00320

Business dba Name: CP Mart SA

Licensed Address: 1010 N. Sherman Avenue, Madison, WI 53704

Liquor/Beer Agent Name: Asad Shahzad Alder, District #: 12

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Capitol Petroleum, LLC

Business Mailing Address: 2570 Rimrock Road, Madison, WI 53704

Business Contact Name, Position: Asad Shahzad

Business Phone: (608) 442-0000 Business Email: officemgr1957@gmail.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Asad Shahzad	Member
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Gohar Shahzad	Member

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Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☐ No ☒ Yes, explain: There are 7 licenses in Madison, 1 in the Town of Madison, and 1 in Fitchburg

After this change, how many total officers/members/directors will be in the organization?: 1

Will this change alter your business plan? ☒ No ☐ 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