

Name

Change of

Officers

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

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

, \square Class C Wine

licensing@cityofmadison.com 608-266-4601

(Agenda	Item Number)	
	55992	
(Legista	r file number)	
(License	number)	
	e number) District # and Name)	

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

Officers/Members/Directors who will no longer hold their positions:

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:
Business dba Name: OTO'S BESTAURANT and BAR
icensed Address: 6405 MINERAL POINT RD, MADISON 53705
iquor/Beer Agent Name: KARL GRANBERG- Alder, District #: 19
Corporate Information
Business Legal Name (as on WI State Sellers Permit):
Business Mailing Address: 450 SCIENCE DR MADISON WIS3711
Business Contact Name, Position: SUSAN L ENG-ECKE
Business Phone: 238-5400 Business Email: 5UE, ENGELKE QULTRATE (. Con-
List New Officers/Members/Directors, if applicable (attach background check form for each):
Name Title
ROBERT M. ENGELLE MEMBER

Former Title

continued on page two -OVER



Do any of the officers/members/directors possess any interest or controllicense? No □ Yes, explain:	of in any other class A, B of C
After this change, how many total officers/members/directors will be in	the organization?:
Will this change alter your business plan? $\sp No \ \square$ Yes, please attach r	new business plan with application.
Penalty for materially false application information: Any person who knowingly provides application may be required to forfeit not more than \$1,000.	materially false information on this
Awan Lyngulu 5-15-19 Authorized Signature Date	☐ Form submitted by mail/e-mail Office Use Only