

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A: X Beer, X Liquor, ☐ Cider Madison, WI 53/03

Class B: ☐ Beer, ☐ Liquor, ☐ Cider Madison, WI 53/03

Licensing@cityofmadison.com
608-266-4601

☐ Class C Wine

(Agenda Ite	m Number)
84930	
(Legistar file	number)
LICLIA	-2020-0078
(License nui	mber)
AD	15
(Alder Distri	ct # and Name)

- 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 number: LICLIA-2020-00785
Business dba Name: Kwik Trip 1511
Licensed Address: 4624 Monona Dr., Madison, WI 53716
Liquor/Beer Agent Name: Amber Van Ess Alder, District #: 15
Corporate Information
Business Legal Name (as on WI State Sellers Permit): Kwik Trip, Inc.
Business Mailing Address: P.O. Box 2107, La Crosse, WI 54602
Business Contact Name, Position: Deanna Hafner, Licensing Agent
Business Phone: 608-793-6262 Business Email: DHafner@kwiktrip.com
The second of the second of applicable (attach background check form for each):

List New Officers/Members/Directors, it	f applicable (attach background check form for each):	
Name	Title	
David P. Wagner	Treasurer/CFO	
Officers/Members/Directors who will no	o longer hold their positions:	
Name	Former Title	
Jeffrey J. Wrobel	Treasurer/CFO	

Do any of the officers/members/directors license?	s possess any interest or contr	of in any other class A, B or C			
☐ No X Yes, explain: Kwik Trip, Inc. retained Please see attach	ed list.				
After this change, how many total officers/members/directors will be in the organization?: 16					
Will this change alter your business plan? X No \Box 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.					
Suff P. Ziltlan Authorized Signature	8/22/2024 Date	☐ Form submitted by mail/e-mail Office Use Only			
Authorized Signature	Dute	THE DESIGNATION OF THE PARTY OF			