

Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103

Class A: ☐ Beer, ☐ Liquor, ☐ Cider Madison, WI 53703

Class B: ☐ Beer, ☐ Liquor, ☐ Cider Madison, WI 53703

Licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)	9
(Legistar file number)	-
1877-1212	
(License number)	
	1 1 1 1 1
(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: 1877-12/2
Business dba Name: Schworg for Park Towne Lanes
Licensed Address: 444 Grand Canyon Dr. Madison WI 53719
Liquor/Beer Agent Name: Robert Bloxham Alder, District #:
Corporate Information
Business Legal Name (as on WI State Sellers Permit): Schworg ter Park Towne lanes
Business Mailing Address: 444 Grand Cunyon Dr. Madison WI 53719
Business Contact Name Position: Robert Bloxham Agent
Business Phone: 608-228-6930 Business Email: vobbloxham & Kpmwi, com

List New Officers/Members/Directors, if applicable (attach background check form for each):			
Name	Title		
Grant South	Puresi dent		
David Burg	President Vice President		
Officers/Members/Directors who will no longer h	old their positions:		
Name	Former Title		
Carter Smith	President		
,			

Do any of the officers/members/directors p	ossess any interest or control	in any other class A, B or C
license?	11.	
No BYes, explain: <u>See Both</u>	- Sheers	
After this change, how many total officers/		ne organization?:
Will this change alter your business plan?	₹No ☐ Yes, please attach ne	w business plan with application.
Penalty for materially false application information: A application may be required to forfeit not more than	Any person who knowingly provides m \$1,000.	aterially false information on this
Authorized Signature	4-/3-ZZ Date	☐ Form submitted by mail/e-mail Office Use Only