



# Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103  
Madison, WI 53703

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-2011-01722

Business dba Name: Metcalfe's

Licensed Address: 7455 Mineral PT RD Madison, WIC 53717

Liquor/Beer Agent Name: Kevin Metcalfe Alder, District #: \_\_\_\_\_

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Metcalfe Foods-West Inc.

Business Mailing Address: 850 76th ST SW

Business Contact Name, Position: Cindy Devenport Licensing Specialist

Business Phone: 6168782751 Business Email: snlicensing@spartannash.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
William Jacobs	President, Treasurer, Secretary, Director
Ileana McAlary	Director
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title

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

No  Yes, explain: William Jacobs, Kevin Metcalf, and Tim Metcalfe are all officers of other entities that hold licenses in WI

After this change, how many total officers/members/directors will be in the organization?: 5

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

6-21-24  
\_\_\_\_\_  
Date

Form submitted by mail/e-mail  
Office Use Only