



# Change of Officers

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

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

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

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

Office Use Only

Class A:  Beer,  Liquor,  Cider  
Class B:  Beer,  Liquor,  
 Class C Wine

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703  
[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

- 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: LI CLIB-2013-00263

Business dba Name: The Highland Club

Licensed Address: 2424 University Avenue, Madison, WI 53726

Liquor/Beer Agent Name: Joe Baldwin Alder, District #: 5 Regina Vidaver

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): InnTowner LLC

Business Mailing Address: 2424 University Avenue, Madison, WI 53726

Business Contact Name, Position: Joe Baldwin, G.M.

Business Phone: 608-233-8778 Business Email: jbaldwin@inntowner.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
<u>Maria Bronny Fitzpatrick</u>	<u>Director of Transitional Care and Post Acute Services</u>


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

No  Yes, explain: \_\_\_\_\_

After this change, how many total officers/members/directors will be in the organization?: 2

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

4/14/22  
\_\_\_\_\_  
Date

Form submitted by mail/e-mail  
Office Use Only