



# Change of Officers

(Agenda Item Number)

(Legistar file number)

LICLIA-2025-01108

(License number)

17-Madison

(Alder District # and Name)

Office Use Only

## City of Madison Clerk

210 MLK Jr Blvd, Room 103  
Madison, WI 53703

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)

608-266-4601

Class A:  Beer,  Liquor,  Cider

Class B:  Beer,  Liquor,

Class C Wine

- 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-2025-01108

Business dba Name: Hampton Inn

Licensed Address: 4820 Hayes Rd, Madison, WI, 53704

Liquor/Beer Agent Name: Salome Kyle

Alder, District #: Sabrina Madison, District 17

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Madison Sunrise Hotel LLC

Business Mailing Address: 4820 Hayes Rd, Madison, WI, 53704

Business Contact Name, Position: Palak Patel, Director of Operations

Business Phone: 224-645-0561

Business Email: palakmukeshp@gmail.com

List New Officers/Members/Directors, if applicable (attach background check form for each):

Name	Title
Bhupendra Patel	Member
Kajal Patel	Member
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? Bhupendra Patel has interest in a LLC located in North Dakota that has an alcohol lisencc from the state of North Dakota.

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

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

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

04/14/2026

\_\_\_\_\_  
Date

Form submitted by mail/e-mail

Office Use Only