



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)

LICUA-2010-00042
(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-2010-00042

Business dba Name: Walgreens #03343

Licensed Address: 7810 Mineral Point Road, Madison, WI 53717

Liquor/Beer Agent Name: Scott Sable Alder, District #: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): 456-0000455404-05

Business Mailing Address: PO Box 901, Deerfield, IL 60015

Business Contact Name, Position: Amanda Mistretta, License Specialist

Business Phone: 847-527-4897 Business Email: taxlicenserenewals@walgreens.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Joseph Amsbary	Secretary
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Amelia Legutki	Secretary

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Invoiced & paid 4/18/2011

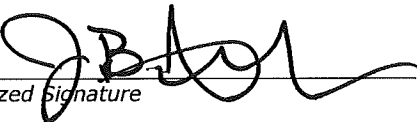
Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☒ No ☐ Yes, explain: _____

After this change, how many total officers/members/directors will be in the organization?: 4

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 _____ Date _____

☐ Form submitted by mail/e-mail
Office Use Only