

Licensed Premises Information

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A: 🛛 Beer, 🗆 Liquor, 🛭 Cider	Madison, WI 53703	
	licensing@cityofmadison.com 608-266-4601	
□ Class C Wine	000 200 1001	

(Agenda Item Number)
84929
(Legistar file number)
LICLIA-2017-00822
(License number)
AD 14
(Alder District # and Name) Office Use Only

- This application is to inform the city of any changes in corporate structure.
- The fee for filing this application is \$25.00.
- 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).

This application modifies existing alcohol license numbe	er:LICLIA-2017-00822
Business dba Name: Kwik Trip 965	
Licensed Address: 2402 W. Broadway, Monona, WI 537	13
Liquor/Beer Agent Name: Uran Mezezi	Alder, District #: 14
Corporate Information	
Business Legal Name (as on WI State Sellers Permit):	Kwik Trip, Inc.
Business Mailing Address: P.O. Box 2107, La Crosse, V	VI 54602
Business Contact Name, Position: Deanna Hafner, Lice	nsing Agent
Business Phone: 608-793-6262 Busin	ness Email: DHafner@kwiktrip.com
List New Officers/Members/Directors, if applicab	le (attach background check form for each):
Name	Title
David P. Wagner	Treasurer/CFO
Officers/Members/Directors who will no longer h	old their positions:
Name	Former Title
leffrey J. Wrobel Treasurer/CFO	

Do any of the officers/members/director license?	rs possess any interest or con	trol in any other Class A, B or C
☐ No 私 Yes, explain: Kwik Trip, Inc. re Please see attac	tail stores hold multiple alcohol hed list.	licenses in the State of Wisconsin.
After this change, how many total office	rs/members/directors will be	in the organization?: 16
Will this change alter your business plan	ו?Ж No □ Yes, please attach	n new business plan with application.
Penalty for materially false application information application may be required to forfeit not more to		les materially false information on this
Suff P. Ziltla	8/22/2024 Date	☐ Form submitted by mail/e-mail Office Use Only
Authorizea Signature	Date	