

Change of Officers

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)	58127
(Legistar file number)	60459-56287
(License number)	4 Verveer
(Alder District # and Name)	
Office Use Only	

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).

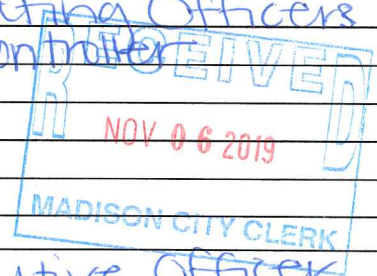
Licensed Premises Information

This application modifies existing alcohol license number: 60459-56287
Business dba Name: Johnny Delmonico's
Licensed Address: 130 S Pickney St., Madison, WI 53703
Liquor/Beer Agent Name: Thomas Ray Alder, District #: Verveer, 4

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Delmonico's of Madison, LLC
Business Mailing Address: 5111 Monona Drive, Monona, WI 53703
Business Contact Name, Position: Amanda Jabs, Controller
Business Phone: 608-246-2719 Business Email: AJABS@foodfightinc.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
<u>Caitlin Suernicht</u>	<u>Chief Operating Officers</u>
<u>Amanda Jabs</u>	<u>Director / Controller</u>
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
<u>Kevin Henry</u>	<u>Chief Executive Officer</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: Food Fight Restaurants | common ownership

After this change, how many total officers/members/directors will be in the organization?: 6

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.

Amanda Jabs
Authorized Signature

10/24/19
Date

Form submitted by mail/e-mail
Office Use Only

- Officers / Members:
- ① Caitlin Suemnick
 - ② Monty Schiro
 - ③ Amanda Jabs
 - ④ Peder Moren
 - ⑤ Connie Maxwell
 - ⑥ Joseph Krupp