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) _____

LICLIB-2015-00046

(License number)

3 - Lemmer

(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: LICLIB-2015-00046

Business dba Name: Metro Market #434

Licensed Address: 6010 Cottage Grove Rd.

Liquor/Beer Agent Name: Bryan Roth   Alder, District #: _____
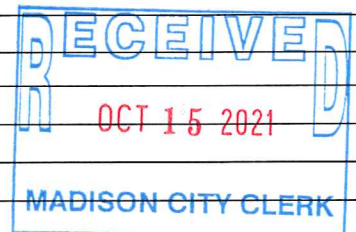
Corporate Information

Business Legal Name (as on WI State Sellers Permit): Mega Marts, LLC

Business Mailing Address: 875 E. Wisconsin Ave Milwaukee, WI 53202

Business Contact Name, Position: Tammy Koch - ASP

Business Phone: 414-231-5978   Business Email: Tammy.Koch@roundys.com

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

Name	Title
Philip B. Nelson	Vice President
Jacqueleen L. Cossey	Vice President

Officers/Members/Directors who will no longer hold their positions:

Name	Former Title

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MADISON CITY CLERK

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

☐ No ☒ Yes, explain: _See Attached_____

After this change, how many total officers/members/directors will be in the organization?: _7_____

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.

_Tammy Koan_____ _10|_____
Authorized Signature   *Date*

REV 09/2018