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)*

_____ *(License number)*

_____ *(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).

Licensed Premises Information

This application modifies existing alcohol license number: LICLIB-2016-00414

Business dba Name: Everly and HWY1

Licensed Address: 2701 Monroe St Suite 270, Madison, WI 53711

Liquor/Beer Agent Name: Amanda Byrd Alder, District #: 13

Corporate Information

Business Legal Name (as on WI State Sellers Permit): KNICKERBOCKER RESTAURANT, LLC

Business Mailing Address: c/o Food Fight Inc. 5111 Monona Drive, Monona, WI 53716

Business Contact Name, Position: Matt Graham, CEO

Business Phone: 608-246-2719 Business Email: matt@foodfightinc.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Matthew Graham (Middleton, WI)	CEO
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Amanda Jabs	CFO
Greg Frank	Member

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

☐ No ☑ Yes, explain: All Food Fight Restaurants

After this change, how many total officers/members/directors will be in the organization?: 3

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

5/27/2026
Date

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

Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name	First Name	M.I.
Graham	Matthew	O

Residence: Street Address	City	State	Zip
8380 Holiday Ave	Middleton	WI	53562

Residence Phone	Birthdate	Birth Place (City, State)	Race	Sex	Height	Weight	Hair	Eyes
773 209 5821	5/3/1975	Chicago, IL	White	M	6'1"	215	Brown	Brown

Driver's License Number (State & Number)	How long immediately prior to making this application have you continuously resided in the State of Wisconsin?
IL G65055475127	8 months

Have you completed Beverage Server Training? ☐ Yes ☐ No

Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk)

Other than the address above, places of residence for the past five years:	From:	To:
5018 Pratt Ave. Skokie, IL 60077	From: 01/2010	To: 10/2025
	From:	To:

Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. ☐ Yes ☒ No

Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. ☐ Yes ☒ No

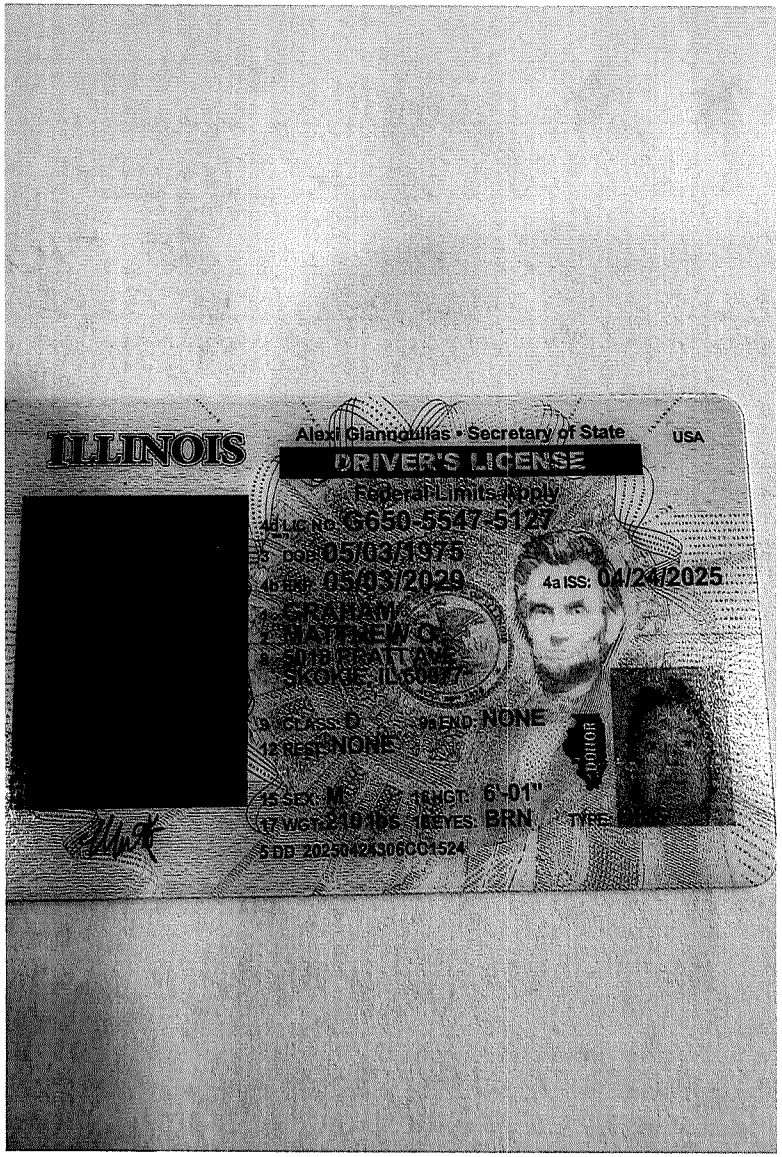
Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. ☐ Yes ☒ No

Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. ☐ Yes ☒ No

List last two employers in chronological order.

Employer's Name	Employer's Address	Employed From	Employed To
Boka Restaurant Group	820 W. Lake St. Chicago, IL 60607	07/2022	08/2025
Doughboy Restaurant Group	535 N. Michigan Ave. Chicago, IL 60611	09/2017	06/2022

Please attach a copy of photo ID.


ILLINOIS
Alexi Giannoulias • Secretary of State
USA
DRIVER'S LICENSE
Federal Limits Apply
4d LIC NO: G650-5547-5127
3 DOB: 05/03/1975
4b EXP: 05/03/2029
4a ISS: 04/24/2025
1 GRAHAM
2 MATTHEW C
8 5012 PRATT AVE
SKOKIE IL 60077
9 CLASS: D
9a END: NONE
12 RESTR: NONE
15 SEX: M
16 HGT: 6'-01"
17 WGT: 210 lbs
18 EYES: BRN
19 HAIR:
5 DD 20250424306CC1524