



# Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103  
Madison, WI 53703

[licensing@cityofmadison.com](mailto: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-2013-00530

(License number)

8

(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-2013-00530

Business dba Name: Fresh Madison Market

Licensed Address: 703 University Ave. Madison, WI 53715

Liquor/Beer Agent Name: Kim Foor

Alder, District #: 8

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Fresh City Market LLC

Business Mailing Address: P.O. Box 8700 Grand Rapids, MI 49518

Business Contact Name, Position: Cindy Devenport, Manager, Licensing & Retail Compliance

Business Phone: 616-878-2751 Business Email: snlicensing@spartannash.com

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

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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: \_\_\_\_\_

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.*



\_\_\_\_\_  
Authorized Signature

11/12/2025

\_\_\_\_\_  
Date

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