

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103
Class A: Ⅺ Beer, Ⅺ Liquor, □ Cider

Madison, WI 53703

Class B: ☐ Beer, ☐ Liquor, ☐ Class C Wine

(Agenda Item Number)	
84912	
(Legistar file number)	
LICLIA-2017-00827	
(License number)	
AD 16	
(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).

icensed Premises Information	
This application modifies existing alcohol license number: LICLIA-2017-00827	
Business dba Name: Kwik Trip 950	_
Licensed Address: 4402 E. Buckeye Rd., Madison, WI 53716	_
Liquor/Beer Agent Name: Mary Jane Hooser Alder, District #: 16	
Corporate Information	
Business Legal Name (as on WI State Sellers Permit): Kwik Trip, lnc.	-
Business Mailing Address: P.O. Box 2107, La Crosse, WI 54602	
Business Contact Name, Position: Deanna Hafner, Licensing Agent	_
Business Phone: 608-793-6262 Business Email: DHafner@kwiktrip.com	

Li L New Officers/Members/Directors	if applicable (attach background check form for each):		
	Title		
Name			
David P. Wagner	Treasurer/CFO		
Officers/Members/Directors who will n	no longer hold their positions:		
Name	Former Title		
Jeffrey J. Wrobel	Treasurer/CFO		

Do any or the oπicers/members/directors license?	possess any interest or control	in any other class A, B or C		
☐ No X Yes, explain: Kwik Trip, Inc. reta Please see attache	il stores hold multiple alcohol lice ed list.	nses in the State of Wisconsin.		
After this change, how many total officers	s/members/directors will be in th	ne organization?: <u>16</u>		
Will this change alter your business plan? In 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.				
Scott P. Ziltlan Authorized Signature	8/22/2024 Date	☐ Form submitted by mail/e-mail Office Use Only		