

## Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A: X Beer, ☐ Liquor, X Cider	Madison
Class B: ☐ Beer, ☐ Liquor,	licensing@cit
	600 5

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

(Agenda Item Number)
84933
(Legistar file number)
LICLIA-2020-00793
(License number)
AD 19
(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: LICLIA-2020-00793				
Business dba Name: Kwik Trip 1522				
Licensed Address: 6202 Schroeder Rd., Madison, WI 53711				
Liquor/Beer Agent Name: Kody Popenfus Alder, District #: 19				
Corporate Information				
Business Legal Name (as on WI State Sellers Permit): Kwik Trip, Inc.				
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				

List New Officers/Members/Director	rs, if applicable (attach background check form for each):		
Name	Title		
David P. Wagner	Treasurer/CFO		
Officers/Members/Directors who wi	ill no longer hold their positions:		
Name	Former Title		
Jeffrey J. Wrobel	Treasurer/CFO		

Do any of the officers/members/directicense?	tors possess any interest of	or control in any other Class A, B or C
Please see att	ached list.	Icohol licenses in the State of Wisconsin.
After this change, how many total off	icers/members/directors w	vill be in the organization?: 16
		attach new business plan with application.
Penalty for materially false application information application may be required to forfeit not more	ation: Any person who knowingly re than \$1,000.	provides materially false information on this
Scott P. Filtlan	8/22/2024 Date	☐ Form submitted by mail/e-mail Office Use Only
Authorized Signature	Date	