

Class A:

■ Beer,

Liquor,

Cider

☐ Class C Wine

Class B: ☐ Beer, ☐ Liquor,

Licensed Premises Information

Change of Officers

tison Clerk

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com 608-266-4601

(Agen	da Item Number)	
(Legis	tar file number)	
5	644-706	38
(Licen	se number)	
رم	nklin, a District # and Nan	
(Aldei	District # and Nan	ne)
	Office Use 0	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).

This application modifies existing alcohol license numb	er: <u>55644-'70638</u>
Business dba Name: Old Sauk Mobil	
Licensed Address: 33 Junction Ct. Ma	adison WI 53717
Liquor/Beer Agent Name: Suzanne Dorsey -	
Corporate Information	9
Business Legal Name (as on WI State Sellers Permit): Business Mailing Address: 1132 Havrison P	Kelley Williamson Company
Business Mailing Address: 1132 Havnson	the Rockford IL G1104
Business Contact Name, Position: Debbie Vie	
Business Phone: 815-381-6243 Busin	ness Email: debbievckw-oil.com
List New Officers/Members/Directors, if applicab	le (attach background check form for each):
Name Clifton Morris	Title
	C.FO
Taylor Dixon	
Officers/Members/Directors who will no longer h	
Name	Former Title
Kimberly Sattin	CFO
John Grittin	President

Do any of the officers/members/c	lirectors possess any interest or	control in any other Class A, B or C
license?	. 1	
□ No X Yes, explain: See A	ittached	
• / /		
After this change, how many tota	I officers/members/directors wil	I be in the organization?:
3 ,	•	
Will this change alter your busine	ss plan?∦ No. □ Yes, please at	ttach new business plan with application.
will this charige after your busine	33 piant A Tes, pieuse at	teach new business plan with application
		rovides materially false information on this
application may be required to forfeit not	t more than \$1,000.	
	21 1 .	☐ Form submitted by mail/e-mail
agen controlle	3/6/24	Office Use Only
Authorized Signature	Date	