<pre>Class A: Beer, Cliquor, Cliquor, Class A: Beer, Cliquor, Cliquor, Cliquor, Class A: Class Cliquor, Cliquor, Cliquor, Class Cliquor, C</pre>	(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 The fee for filing this application is \$25.00. Please include a completed a Background Investigation Form each new officer/member/director with this application (not nece Licensed Premises Information	and copy of a picture ID for
This application modifies existing alcohol license number: <u>LICLIB-2022-009</u>	19
Business dba Name: Madison Axe	
Licensed Address:2427 S. Stoughton Rd., Madison, WI 53716	
Liquor/Beer Agent Name: Kyle J. Van Abel Alder, Dis	strict #:
Corporate Information	
Business Legal Name (as on WI State Sellers Permit):Madison Axe, LLC	
Business Mailing Address:2427 S. Stoughton Rd., Madison, WI 53716	
Business Contact Name, Position:Brandon Long, Owner/President	
Business Phone: 920-205-1719 Business Email: brando	on@madisonaxe.com
List New Officers/Members/Directors, if applicable (attach backgrou Name Title	nd check form for each):

Owner Owner

Officers/Members/Directors who will no longer hold their positions: Name Former Title

Kyle Van Abel

Chelsea Van Abel

continued on page	IWO	-OVER
-------------------	-----	-------

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?: _____

Will this change alter your business plan? \Box No \Box 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,

06/07/2025 Authorized Signature

Form submitted by mail/e-mail Office Use Only