# Change of Officers

## City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

Class A: ■ Beer, ■ Liquor, ☐ Cider
Class B: ☐ Beer, ☐ Liquor,
☐ Class C Wine

- 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-2011-00171__

Business dba Name: __Walgreens #07536__

Licensed Address: __8302 Old Sauk Road, Madison, WI 53562__

Liquor/Beer Agent Name: __Santa Lang__          Alder, District #: _____

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): __456-0000455404-05__

Business Mailing Address: __PO Box 901, Deerfield, IL 60015__

Business Contact Name, Position: __Amanda Mistretta, License Specialist__

Business Phone: __847-527-4897__          Business Email: __taxlicenserenewals@walgreens.com__

| List New Officers/Members/Directors, if applicable (attach background check form for each): | |
|---|---|
| Name | Title |
| Joseph Amsbary | Secretary |
| | |
| | |
| | |
| Officers/Members/Directors who will no longer hold their positions: | |
| Name | Former Title |
| Amelia Legutki | Secretary |
| | |

Invoiced & paid 4/18/2021

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?: **4**_____

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                           Date

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

REV 09/2018