

## Change of Officers

## City of Madison Clerk 210 MLK Jr Blvd, Room 103

Class A: 
Beer, 
Liquor, 
Cider 
Madison, WI 53703

Class B: 
Beer, 
Liquor, 

licensing@cityofmadison.com
608-266-4601

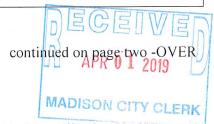
| (Agenda Item Number)                        |  |
|---|--|
| 56823                                       |  |
| (Legistar file number)                      | The state of the s |
| LICLIB-2018-00570                           |  |
| (License number)                            |  |
| 9 Skidmore                                  |  |
| (Alder District # and Name) Office Use Only | 124  |

- This application is to inform the city of any changes in corporate structure.
- o **The fee** for filing this application is \$25.00.

☐ Class C Wine

o 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 numb  | er: <u>LICUB-2018-00570</u>             |  |
| Business dba Name: ZOR SHRINERS  |   |  |
| Licensed Address: 575 Zor Shrine Pl  | Madison, W1 53719                       |  |
| Liquor/Beer Agent Name: Kent England   | Alder, District #:                      |  |
| Corporate Information  |   |  |
| Business Legal Name (as on WI State Sellers Permit):   | Shrines International.                  |  |
| Business Mailing Address: 575 Zor Shrine Pl, Madisn W1 53719   |   |  |
| Business Contact Name, Position: Robert Gor  | Such                                    |  |
| Business Phone: 833-6343 Busi  | ness Email: rgorsuch @ oakbankonline-lo |  |
|  |   |  |
| List New Officers/Members/Directors, if applicable (attach background check form for each):  |   |  |
| Name   | Title                                   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| grand the state of |   |  |
| Officers/Members/Directors who will no longer h  |   |  |
| Name   | Former Title                            |  |
| Gary Cuskey  | President                               |  |
| Company Company Company  | V-9- 12-5                               |  |
|  |   |  |



| Do any of the officers/members/directors possess any interest or license?   | control in any other Class A, B or C            |
|---|---|
| 🖾 No 🗆 Yes, explain:  |   |
| After this change, how many total officers/members/directors wil  | Il be in the organization?: $3$                 |
| Will this change alter your business plan? $\sqrt[R]{}$ No $\Box$ Yes, please at  | ttach new business plan with application.       |
| Penalty for materially false application information: Any person who knowingly papplication may be required to forfeit not more than \$1,000. | provides materially false information on this   |
| Authorized Signature  Authorized Signature  Authorized Signature  | ☐ Form submitted by mail/e-mail Office Use Only |