



# Change of Officers

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703  
[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

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

\_\_\_\_\_  
(Agenda Item Number)  
\_\_\_\_\_  
(Legistar file number)  
LIC11A-2011-01722  
\_\_\_\_\_  
(License number)  
\_\_\_\_\_  
(Alder District # and Name)  
Office Use Only

- o This application is to inform the city of any changes in corporate structure.
- o **The fee** for filing this application is \$25.00.
- 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 number: LIC11A-2011-01722  
Business dba Name: METCALFE'S  
Licensed Address: 7455 MINERAL PT RD, MADISON WI 53717  
Liquor/Beer Agent Name: KEVIN METCALFE Alder, District #: \_\_\_\_\_

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): METCALFE FOODS - WIS, INC  
Business Mailing Address: 726 N MIDDLE BLVD, MADISON WI 53705  
Business Contact Name, Position: KEVIN METCALFE  
Business Phone: 608 238 7612 Business Email: KEVIN.M@SHOPMETCALFES.COM

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
<u>KEVIN METCALFE</u>	<u>PRESIDENT</u>
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
<u>TIM METCALFE</u>	<u>PRESIDENT</u>

Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

No  Yes, explain: METCALFE, INC.

After this change, how many total officers/members/directors will be in the organization?: 1

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

12.14.19  
Date

Form submitted by mail/e-mail  
Office Use Only