



# Change of Officers

(Agenda Item Number)

(Legistar file number)

LICLIB-2011-00167

(License number)

(Alder District # and Name)

Office Use Only

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

- 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: LICLIB-2011-00167

Business dba Name: Merchant

Licensed Address: 121 S. Pinckney St. Madison, WI 53703

Liquor/Beer Agent Name: Caitlyn Nicholson Alder, District #: 1

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): Merchant Madison, LLC

Business Mailing Address: 121 S. Pinckney St. Madison, WI 53703

Business Contact Name, Position: Joshua Berkson, CEO Rule No One Hospitality

Business Phone: (646)221-4022 Business Email: josh@rulenoone.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Officers/Members/Directors who will no longer hold their positions:	
Name <u>Patrick Sweeney</u>	Former Title <u>Owner/Member</u>
<u>Released May 28th, 2021</u>	
<u>See Attached</u>	

Apologies for late notice  
- Joshua Berkson

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?  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

4/14/2023  
\_\_\_\_\_  
Date

Form submitted by mail/e-mail  
Office Use Only