



# Change of Officers

(Agenda Item Number) \_\_\_\_\_

(Legistar file number) \_\_\_\_\_

(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: L1CL13-2021-00417

Business dba Name: RED ROOSTER MADISON LLC

Licensed Address: 2513 SEIFERTH RD, MADISON, WI 53716

Liquor/Beer Agent Name: TIM PAYNE Alder, District #: CURRIE, #16

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): RED ROOSTER MADISON LLC

Business Mailing Address: 2513 SEIFERTH RD, MADISON, WI 53716

Business Contact Name, Position: TIM PAYNE, OWNER

Business Phone: 608-285-2951 Business Email: info@redroostermadison.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	Former Title
<u>JESSE STEINBERG</u>	<u>CO-OWNER</u>
<u>PAUL SCHWOEBER</u>	<u>FOOD DIRECTOR</u>

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

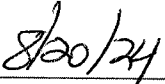
No  Yes, explain: \_\_\_\_\_

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

  
\_\_\_\_\_  
Date

Form submitted by mail/e-mail  
Office Use Only