

# Change of Officers

(Agenda Item Number)

(Legistar file number)

75735-86428  
(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  
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 **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: \_\_\_\_\_

Business dba Name: Bonfire American Grill

Licensed Address: 2601 West Belt Line Hwy Suite 10

Liquor/Beer Agent Name: Alfredo Teuschler Alder, District #: \_\_\_\_\_

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Arbor Gate Hospitality

Business Mailing Address: 2601 West Belt Line Hwy

Business Contact Name, Position: Alfredo Teuschler GM

Business Phone: 608-273-3973 Business Email: ateuschler@bonfiregrill.net

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
<u>Alfredo Teuschler</u>	<u>General Manager</u>
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
<u>Joelle M. Hutter</u>	<u>Member</u>

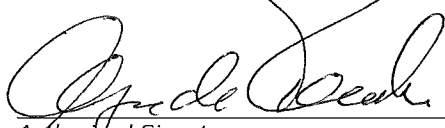
Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

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

After this change, how many total officers/members/directors will be in the organization?: 2

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