

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A: X Beer, X Liquor, ☐ Cider Class B: ☐ Beer, ☐ Liquor,

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

'Agenda Item Number)	
84908	
Legistar file number)	Ţ
LICLIA-2015-00711	
License number)	
AD 17	
(Alder District # and Name) Office Use Only	y

- This application is to inform the city of any changes in corporate structure.
- The fee for filing this application is \$25.00.
- 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: LICLIA-2015-00711
Business dba Name: Kwik Trip 187
Licensed Address: 4825 American Pkwy., Madison, WI 53718
Liquor/Beer Agent Name: Jeremy Hubbard Alder, District #: 17
Corporate Information
Business Legal Name (as on WI State Sellers Permit): Kwik Trip, Inc.
Business Mailing Address: P.O. Box 2107, La Crosse, WI 54602
Business Contact Name, Position: Deanna Hafner, Licensing Agent
Business Phone: 608-793-6262 Business Email: DHafner@kwiktrip.com

List New Officers/Members/Directors,	if applicable (attach background check form for each):		
Name	Title		
David P. Wagner	Treasurer/CFO		
Officers/Members/Directors who will r	no longer hold their positions:		
Name	Former Title		
Jeffrey J. Wrobel	Treasurer/CFO		

Do any of the officers/members/directors license?	possess any interest or control	in any other Class A, B or C			
☐ No	il stores hold multiple alcohol lice ed list.	nses in the State of Wisconsin.			
After this change, how many total officers	s/members/directors will be in th	ne organization?: 16			
Will this change alter your business plan? X No \Box 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.					
Suff P. Ziltlan Authorized Signature	8/22/2024 Date	☐ Form submitted by mail/e-mail Office Use Only			