



Change of Officers

(Agenda Item Number)

(Legistar file number)

55448-70639

(License number)

Duncan 1

(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 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: 55448-70639

Business dba Name: Watts Rd Mobil

Licensed Address: 8230 Watts Rd Madison WI 53719

Liquor/Beer Agent Name: Suzanne Dorsey-Sterling Alder, District #: Duncan, 1

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Kelley Williamson Company

Business Mailing Address: 1132 Harrison Ave Rockford IL 61104

Business Contact Name, Position: Debbie Viederis

Business Phone: 815-387-6243 Business Email: debbiev@kw-oil.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
<u>Clifton Morris</u>	<u>President</u>
<u>Taylor Dixon</u>	<u>CFO</u>
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
<u>Kimberly Griffin</u>	<u>CFO</u>
<u>John Griffin</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: See Attached

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.

John C. Griffin
Authorized Signature

3/6/24
Date

Form submitted by mail/e-mail
Office Use Only

#47	FISH HATCHERY RD MOBIL 2956 FISH HATCHERY ROAD MADISON WI 53713 608-274-7228	#63	SUN PRAIRIE MOBIL 276 DAVISON DR SUN PRAIRIE WI 53590 608-825-8250	#79	GAMMON RD MOBIL 901 S GAMMON RD MADISON WI 53719 608-274-1950
#53	MIDDLETON MOBIL 8613 UNIVERSITY GREEN MIDDLETON WI 53562 608-829-3990	#74	OLD SAUK MOBIL 33 JUNCTION COURT MADISON WI 53717 608-827-6697	#76	WESTPORT MOBIL 5418 N BLUEBILL PARK DR MADISON WI 53704 (608)242-0526
#55	SPRINGFIELD MOBIL 6829 COUNTY TRUNK HWY K MIDDLETON WI 53562 608-831-2675	#75	WATTS RD MOBIL 8230 WATTS RD MADISON WI 53719 (608)829-1186	#54	LAKE GENEVA MOBIL 350 N EDWARDS BLVD LAKE GENEVA WI 53147 262-248-2305
#56	WALWORTH MOBIL 680 KENOSHA ST WALWORTH WI 53184 262-275-9100	#77	ABERG AVE MOBIL 2601 SHOPKO DRIVE MADISON WI 53704 (608)244-8226		



Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name MORRIS			First Name CLIFTON				M.I. R			
Residence: Street Address 12148 CARBERRY LANE			City ROSCOE		State IL	Zip 61073				
Residence Phone 815-298-6068	Birthdate 04/26/1965	Birth Place (City, State) ROCKFORD, IL		Race W	Sex M	Height 6'3"	Weight 230	Hair B	Eyes G	
Driver's License Number (State & Number) M620-1166-5119			How long immediately prior to making this application have you continuously resided in the State of Wisconsin? <u>N/A</u>							
Have you completed Beverage Server Training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk)										
Other than the address above, places of residence for the past five years:				From:		To:				
2805 MARY ST, BELVIDERE IL 61008				From: 2010		To: 2024				
				From:		To:				
Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<i>See Attached</i>										
Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
List last two employers in chronological order.										
Employer's Name			Employer's Address				Employed From			To
KELLEY WILLIAMSON COMPANY			1132 HARRISON AVE, ROCKFORD IL 61104				8/2022			PRESENT
EXXONMOBIL			22777 SPRINGWOODS VILLAGE PKWY, SPRING TX 77373				1985			2022

Please attach a copy of photo ID.

ILLINOIS
Jesse White, Secretary of State
USA
DRIVER'S LICENSE
Federal Limits Apply
1. License No. 01920115655119
2. Exp. 04/26/2025
3. Exp. 04/26/2025
4a ISS: 11/18/2021
MORRIS
CLIFTON
2805 MAR ST
BELVIDERE, ILL 60009
CLASS: D SAEND: NONE
REST: NONE
DOB: M 05/16/03
SEX: M HT: 5-10 WGT: 200 HAIR: BRN EYES: BLUE
DD: 1118202130565455



Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name DIXON	First Name TAYLOR	M.I. W
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Residence: Street Address 6326 SAWGRASS DR	City ROCKFORD	State IL	Zip 61114
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Residence Phone 815-298-0228	Birthdate 12/26/1990	Birth Place (City, State) ROCKFORD, IL	Race W	Sex M	Height 6'1"	Weight 200	Hair BL	Eyes B
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Driver's License Number (State & Number) D250-8199-0367	How long immediately prior to making this application have you continuously resided in the State of Wisconsin? <u>N/A</u>
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Have you completed Beverage Server Training? Yes No

Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk)

Other than the address above, places of residence for the past five years:	From:	To:
	From:	To:
	From:	To:

Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. Yes No

Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. Yes No

Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. Yes No

Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. Yes No

See Attached

List last two employers in chronological order.		Employed	
Employer's Name	Employer's Address	From	To
KELLEY WILLIAMSON COMPANY	1132 HARRISON AVE, ROCKFORD IL 61104	10/2021	PRESENT
WIPFLI	4949 HARRISON AVE, ROCKFORD IL 61104	2014	10/2021

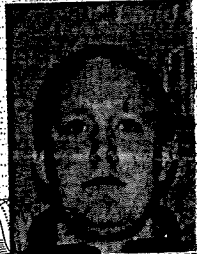
Please attach a copy of photo ID.

ILLINOIS

Jesse White, Secretary of State

USA

DRIVER'S LICENSE



Jack Walker

1. Lic No: D250-8199-0367

2. Exp: 12/26/1996

3. Exp: 12/26/2024

4a ISS: 12/18/2020

DIXON
MAYOR WALKER
532 SAWGRASS DR
ROCKFORD, IL 61114

5. Class: D - NONE
12. RES: IL

6. SEX: M HGT: 6-01"

7. WGT: 200 LBS EYES: BLUE TYPE: C

8. DD: 12182020601D12454



DONOR

