

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 105
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: 411113-2021-00429

Business dba Name: AFTERSHOCK CLASSIC ARCADE

Licensed Address: 1444 E WASHINGTON AVE

Liquor/Beer Agent Name: BRAD VAN KAUWENBERG

Alder, District #: ALDER DAVY MAYER #6

Corporate Information

Business Legal Name (as on WI State Sellers Permit): CLASSIC ARCADE COMPANY

Business Mailing Address: 1444 E WASHINGTON AVE, MADISON, WI 53703

Business Contact Name, Position: BRAD VAN KAUWENBERG

Business Phone: 608-819-6119

Business Email: AFTERSHOCKCLASSICARCADE@GMAIL.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
LAUS WELCH	MEMBER
ROSS HUBBARD	MEMBER
GABE DOMMERSHAUSEN	MEMBER

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

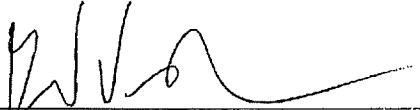
☒ No ☐ Yes, explain: _____

After this change, how many total officers/members/directors will be in the organization?: 1

If this changes ownership by 50% or more, you will also need to include a completed Liquor/Beer License Application, business plan, and sample menu with this form.

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

5/7/26

Date

☐ Form submitted by mail/e-mail
Office Use Only