

Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A: ☑ Beer, ☑ Liquor, ☐ Cider

Class B: \square Beer, \square Liquor,

 $\hfill\square$ Class C Wine

licensing@cityofmadison.com 608-266-4601

(Agenda 1	tem Nun	nber)	
(Legistar	file numb	er)	
LICLIE	3-2020 number)	-00221	

Office Use Only

(Alder District # and Name)

- o This application is to inform the city of any changes in corporate structure.
- 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	-: LICLIB-2020-00221
Business dba Name: THE MELTING POT MADISON	
Licensed Address: 6816 ODANA RD MADISON WI 53719)
Liquor/Beer Agent Name: ROBERT CUBA	Alder, District #: ALDER SLACK -19
Corporate Information	
Business Legal Name (as on WI State Sellers Permit): S	SERVANT 33 LLC
Business Mailing Address: 6816 ODANA RD MADISOI	N WI 53719
Business Contact Name, Position: JOSHUA SOWMA	
	ess Email: JOSH@CHEESECARTEL.ORG
List New Officers/Members/Directors, if applicable	
	Title
THOMAS ANDERSEN	CFO / Parties
Officers/Members/Directors who will no longer ho	ld their positions:
Name I	Former Title

Do any of the officers/members/d	irectors possess any int	terest or control in any other Class A, B or C	
license? No Yes, explain:	0 4 0	R (Cal)	
□ No □Yes, explain:	ing 101 of	DROKHUU	
		2	
After this change, how many total	officers/members/dired	ctors will be in the organization?:	
Will this change alter your busines	ss plan? $oxtime {\mathbb N}$ No $oxtime {\mathbb N}$ Yes, ${\mathfrak p}$	please attach new business plan with application.	
Penalty for materially false application in application may be required to forfeit not	formation: Any person who ki more than \$1,000.	nowingly provides materially false information on this	
A - 1			
- Tolan I a la -	1.1512	☐ Form submitted by mail/e-mail	
IPM ANGESON	110/23	Office Use Only	
Authorized Signature	Date		