

## Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

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

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

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- 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: License No. LICLIA-2017-00699    |                               |  |  |  |  |  |
| Business dba Name: Willy Street Co-op   | Willy Street Co-op            |  |  |  |  |  |
| icensed Address: 1221 Williamson Street   |                               |  |  |  |  |  |
| _iquor/Beer Agent Name:Kristin M Esselstrom   | Alder, District # :District 6 |  |  |  |  |  |
| Corporate Information   |                               |  |  |  |  |  |
| Business Legal Name (as on WI State Sellers Permit):Williamson Street Grocery Cooperative   |                               |  |  |  |  |  |
| Business Mailing Address:1457 E Washington Avenue, Madison, WI 53703                        |                               |  |  |  |  |  |
| Business Contact Name, Position: Ben Becker, Corporate Secretary                            |                               |  |  |  |  |  |
| Business Phone: 608-284-7790 Business Email: b.becker@willystreet.coop                      |                               |  |  |  |  |  |
|   |                               |  |  |  |  |  |
| List New Officers/Members/Directors, if applicable (attach background check form for each): |                               |  |  |  |  |  |
| Name  | Title                         |  |  |  |  |  |
| Michelle Godwin   | Treasurer                     |  |  |  |  |  |
|   |                               |  |  |  |  |  |
|   |                               |  |  |  |  |  |
| Officers/ Members/ Directors who will no longer hold their positions:                       |                               |  |  |  |  |  |
| Name  | Former Title                  |  |  |  |  |  |
| Brian Anderson  | Treasurer                     |  |  |  |  |  |
|   |                               |  |  |  |  |  |

| Authorized Signature   | Date  |   |
|--|---|---|
| Benjamin Becker  | March 12, 2024                              | ☐ Form submitted by mail/e-mail Office Use Only |
| Penalty for materially false application information application may be required to forfeit not more t |   | vides materially false information on this      |
| Will this change alter your business plan  | n? $\square$ No $\square$ Yes, please attac | ch new business plan with application.          |
| After this change, how many total office   | ers/members/directors will b                | e in the organization?: _4 officers             |
| ☑ No ☐ Yes, explain:   |   |   |
| Do any of the officers/members/directo license?  | rs possess any interest or co               | ontrol in any other Class A, B or C             |