



# Change of Officers

City of Madison Clerk  
210 MLK Jr Blvd, Room 103  
Madison, WI 53703  
[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)  
608-266-4601

Class A: ☐ Beer, ☐ Liquor, ☐ Cider  
Class B: ☒ Beer, ☒ Liquor,  
☐ Class C Wine

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District # and Name)

Office Use Only

- 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: 54054-45844

Business dba Name: Eagles Club 623

Licensed Address: 2109 Bartillon Drive , Madison WI 53704

Liquor/Beer Agent Name: Don Hagen Alder, District #: Julia Matthews-#12

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): Fraternal Order of Eagles

Business Mailing Address: 2109 Bartillon Drive, Madison, WI 53704

Business Contact Name, Position: Don Hagen-President

Business Phone: 608-240-0033 Business Email: foe623@outlook.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Jeremy Bisco	Vice President
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Len Monday	Vice President

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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?: 139

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.*

Don Hagen  
Authorized Signature

04-29-25  
Date

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