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## Change of Officers

## City of Madison Clerk 210 MLK Jr Blvd, Room 103

(Agend	a Item I	Vumb	er)		
(Legista	r file nu	ımbei	-)		
60	459	-5	67	87	
(License	e numbe	er)			
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- 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 numb	<sub>oer:</sub> 456-0000068768-03					
Business dba Name: Johnny Delmonico's						
Licensed Address: 130 S Pinckney St.; Madise	on, Wi 53703					
Keith Boland	Alder, District #:					
Corporate Information						
Business Legal Name (as on WI State Sellers Permit): Delmonico's of Madison, LLC						
Business Mailing Address: 5111 Monona Dr, Mo	onona Wi 53716					
Business Contact Name, Position: Amanda Jabs,	CFO					
Business Phone: 608-246-2719 Busi	Phone: 608-246-2719 Business Email: ajabs@foodfightinc.com					
List New Officers/Members/Directors, if applicable (attach background check form for each):  Name  Title						
Name	Title					
Officers/Members/Directors who will no longer hold their positions:						
Name	Former Title					
Connie Maxwell	Member					

Do any of the officers/members/directors	, ,	,			
□ No ☑ Ves explain: Is listed as officense?	Is listed as officer/member for 5 locations-will be removed from all				
After this change, how many total officers		<del>_</del>			
Will this change alter your business plan?	P ☑ No ☐ Yes, please attac	ch new business plan with application.			
Penalty for materially false application information application may be required to forfeit not more that		ides materially false information on this			
Docusigned by: Amanda Jaks	5/20/2024	Form submitted by mail/e-mail Office Use Only			
Auth8192ea#519fiature	Date				