

Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103

Madison, WI 53703

Class B: ☑ Beer, ☑ Liquor,

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

(Agenda Item Number)	
(Legistar file number)	
(License number)	
(Alder District # and Name) Office Use Only	

- 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: 71756-78749	
Business dba Name: Tutto Pasta State Street	
Licensed Address: 305 State St.	
Liquor/Beer Agent Name: Kay Millonzi Alder, District #:	
Corporate Information	
Business Legal Name (as on WI State Sellers Permit): Pasta Passion, Inc.	
Business Mailing Address: PO Box 348 Black Earth W1 53515	
Business Contact Name, Position: Kay Millonzi, Director of Finance	
Business Phone: 608-294-1000 Business Email: tuttostatelcay @ gmail. Lo	
List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name Title	
Kay A. Millonzi Director of Finance Treaswith	
Kay A. Millonzi Director of Finance Treaswro Joseph Perkins Sr Director of Operations President	
Officers/Members/Directors who will no longer hold their positions:	
ame Former Title	
Pamela S. McCord Vice-President	
Dave Kobberria No longer an Officer/Shareholder only	

Do any of the officers/members/directo license?	ors possess any interest or o	control in any other Class A, B or C
No 🗆 Yes, explain:		
After this change, how many total office	ers/members/directors will	be in the organization?: 2
Will this change alter your business pla	n? \nearrow No \square Yes, please att	ach new business plan with application.
Penalty for materially false application information application may be required to forfeit not more to		ovides materially false information on this
M.M.M.J. Authorized Signature	<u>y/30/19</u>	☐ Form submitted by mail/e-mail Office Use Only