

Class B: Beer, Liquor,

☐ Class C Wine

## Change of Officers

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

licensing@cityofmadison.com 608-266-4601

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

o Th	is application	is to	inform the	city of any	changes in	n corporate	structure.
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The fee for filing this application is \$25.00.

• 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: <u>LICUB -2013-00395</u>						
Business dba Name: + AVMMY box and Goll						
Licensed Address: 2201 Ahwad Ave Madisan W 5374						
Liquor/Beer Agent Name: bradley Cracher	Alder, District #:					
Corporate Information						
Business Legal Name (as on WI State Sellers Permit):	BC Harmony Box LLC					
Business Mailing Address: 2201 Amed The Madism, W 53719						
Business Contact Name, Position: Elizabeth Vada, buner member						
Business Phone: 1018-438-9504 Business Email: Nard Narman Jos Smarl. Can						
List New Officers/Members/Directors, if applicable	(attach background check form for each):					
	itle					
Elizabeth Nardi	owne (member					
Officers/Members/Directors who will no longer hold their positions:						
	ormer Title					
Bradley Cracher	Ouner momber					

Do any of the officers/members/directors posse license?	ess any interest or control in any other Class A, B or C					
No 🗆 Yes, explain:	<u> </u>					
After this change, how many total officers/men	nbers/directors will be in the organization?:					
Will this change alter your business plan? Wo $\square$ 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.						
Authorized Signature Date	☐ Form submitted by mail/e-mail Office Use Only					