

## Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class A:  $\square$  Beer,  $\square$  Liquor,  $\square$  Cider Class B: **Y**Beer, □ Liquor,

Class C Wine

licensing@cityofmadison.com 608-266-4601

Agenda Item Number)	
Legistar file number)	
ICUB-2019-00083	3
License number)	
2 Barnett	
Alder District # and Name)	
Office Use Only	

- This application is to inform the city of any changes in corporate structure.

<ul> <li>The fee for filing this application is \$25.00.</li> <li>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).</li> </ul>				
Licensed Premises Information	/ 20/ 40 2 200 40002			
This application modifies existing alcohol license number:	110113-2019-00083			
Business dba Name: Taste of Sichnen LLC				
Licensed Address: 515 state st Madis	in M2 53717			
Liquor/Beer Agent Name: Aichan Weng	Alder, District #: Verveer 4			
Corporate Information				
Business Legal Name (as on WI State Sellers Permit): 45	6-1029530173-02			
Business Mailing Address: 515 state St Mad	ison WL 53717			
Business Contact Name, Position: Aichan Weng (Che	yan)			
Business Phone: 608-919-6780 Business	Email: Taste of sichnan 68@gmail.com Aichanwery 520@Yahou.com			
List New Officers/Members/Directors, if applicable (attach background check form for each):				
Name Title				
Jin Chen C	wrer			
Officers/Members/Directors who will no longer hold t				
. /	Former Title			
IIIA VIA				

Do any of the officers/members/directors license?  □ No ☑ Yes, explain:					
After this change, how many total officer	rs/members/directors will be in the	ne organization?:			
Will this change alter your business plan? $\stackrel{\checkmark}{\boxtimes}$ No ${\square}$ 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	6/27/2024 Date	☐ Form submitted by mail/e-mail Office Use Only			
	38.1				