

## Change of Officers

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

Class A: ☑ Beer, ☐ Liquor, ☐ Cider Class B: ☐ Beer, ☐ Liquor,

Class C Wins

☐ Class C Wine

licensing@cityofmadison.com
608-266-4601

(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	r: <u>66208-67970</u>			
Business dba Name: VR Mobil	·			
Licensed Address: 4601 Verona Road, Madison, WI	53711			
Liquor/Beer Agent Name: <u>Asad Shahzad</u>	Alder, District #:10			
Corporate Information				
Business Legal Name (as on WI State Sellers Permit): _	Capitol Petroleum, LLC			
Business Mailing Address: 2570 Rimrock Road, Madison, WI 53704				
Business Contact Name, Position: <u>Asad Shahzad</u>				
Business Phone:(608) 442-0000 Business Email:officemgr1957@gmail.cm				
List New Officers/Members/Directors, if applicable (attach background check form for each):				
Name Title				
Asad Shahzad	Member			
AGGG GHGHZGG	Temper			
Officers/Members/Directors who will no longer hold their positions:				
Name	Former Title			
Asad Shahzad	Member			
,				

license?	is possess any interest or contr	of ill ally other class A, B of C
$\square$ No $\boxtimes$ Yes, explain: There are 7 lic See the attach		n of Madison, and 1 in Fitchburg.
After this change, how many total office	ers/members/directors will be in	the organization?:1
Will this change alter your business plan	n? $oxtimes$ No $\omega$ Yes, please attach ${}_{ m I}$	new business plan with application.
Penalty for materially false application information application may be required to forfeit not more t		materially false information on this
Authorized Signature	9-14-22 Date	☐ Form submitted by mail/e-mail Office Use Only