



Change of Officers

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District # and Name)

Office Use Only

Class A: ☒ Beer, ☒ Liquor, ☐ Cider

Class B: ☐ Beer, ☐ Liquor,

☐ Class C Wine

City of Madison Clerk

210 MLK Jr Blvd, Room 103

Madison, WI 53703

licensing@cityofmadison.com

608-266-4601

- 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: 62244-82218

Business dba Name: WALMART #1138

Licensed Address: 7202 WATTS ROAD, MADISON, WI 53719

Liquor/Beer Agent Name: VIOLET FLORES

Alder, District #: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): WAL-MART STORES EAST, LP

Business Mailing Address: 702 SW 8TH STREET, BENTONVILLE, AR 72716-0500

Business Contact Name, Position: SARAH LITTLE, ASSISTANT SECRETARY

Business Phone: 479-277-2500

Business Email: SARAH.LITTLE@WALMART.COM

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
EMMA WADDELL	SENIOR VICE PRESIDENT
JULIE FLYNN	ASSISTANT SECRETARY
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
JOHN R. SCUDDER	SENIOR VP AND CHIEF ETHICS AND COMPLIANCE OFFICER

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MADISON CITY CLERK

Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☒ No ☐ Yes, explain: _____

After this change, how many total officers/members/directors will be in the organization?: 5

Will this change alter your business plan? ☐ No ☐ 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.

Sarah Little
Authorized Signature

6-13-22
Date

☐ Form submitted by mail/e-mail
Office Use Only