

Change of Officers

(Agend	a Item Number)	
(Legist	ar file number)	
(Licens	e number)	
(Alder	District # and Name)	

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

Class A: Beer, Liquor, Cider Madison, WI 53703

Class B: ☐ Beer, ☐ Liquor, ☐ Class C Wine ☐ licensing@cityofmadison.com 608-266-4601

- 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: 62243-80829					
Business dba Name: WALMART #2335					
Licensed Address: 4198 Nakoosa Trail, Madison, WI 53714					
Liquor/Beer Agent Name: Trenton Bee 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	1		
EMMA WADDELL	SENIOR VICE PRESIDENT	1		
JULIE FLYNN	ASSISTANT SECRETARY ECESIV	R		
		5		
	- 30E 1 & 2022			
Officers/Members/Directors who will no longer hold their positions:				
Name		ERK		
JOHN R. SCUDDER	SENIOR VP AND CHIEF ETHICS AND COMPLIANCE OFFICER			

Do any of the officers/members/directors possess any interest or controllicense?	ol in any other Class A, B or C
No Yes, explain:	
After this change, how many total officers/members/directors will be in	1
Will this change alter your business plan? \(\begin{aligned} \begin{aligned} \text{No} & \begin{aligned} \begin{aligned} \text{Yes, please attach is person who knowingly provides} \end{aligned}	
application may be required to forfeit not more than \$1,000.	
Authorized Signature Date Date	☐ Form submitted by mail/e-mail Office Use Only