Change of Officers

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District # and Name)

Office Use Only

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: ☒ Beer, ☒ Liquor, ☒ Class C Wine

- This application is to inform the city of any changes in corporate structure.
- **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: LICLIB-2021-00429

Business dba Name: AFTERSHOCK CLASSIC ARCADE

Licensed Address: 1444 E WASHINGTON AVE

Liquor/Beer Agent Name: BRAD VAN KAUWENBERGH Alder, District #: ALDER DAVY MAYER #6

Corporate Information

Business Legal Name (as on WI State Sellers Permit): CLASSIC ARCADE COMPANY

Business Mailing Address: 1444 E WASHINGTON AVE, MADISON, WI 53703

Business Contact Name, Position: BRAD VAN KAUWENBERGH

Business Phone: 608-819-6119 Business Email: AFTERSHOCKCLASSICARCADE@GMAIL.COM

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
CHRIS WELCH	MEMBER
ROSS HUBBARD	MEMBER
GABE DOMMERSHAUSEN	MEMBER

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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?: 1

If this changes ownership by 50% or more, you will also need to include a completed Liquor/Beer License Application, business plan, and sample menu with this form.

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.

_____ 5/7/26

Authorized Signature *Date*

☐ Form submitted by mail/e-mail

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REV 01/2025