

Change of Officers

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

licensing@cityofmadison.com
608-266-4601

(Number)

(scanned)

(Leg file number)

(initials)

(Alder Name and District Number)

This application modifies existing alcohol license number: 50081-39713

☐ Class A Beer

☐ Class A Liquor

☐ Class C Wine

☒ Class B Beer

☒ Class B Liquor

Corporate Information

Licensed Premise Information

Business Legal Name: Madison Turners Inc Business dba Name: Madison Turners

Business Address: 3001 S. Stoughton Rd Licensed Address: 3001 S. Stoughton rd.

Corporate Contact Name & Position: Paul Wertsch Business Contact Name & Position: Katie Zamzow
Went Manager

Phone & Email: 608-576-5991 Phone & Email: 608-222-4922
p.wertsch@gmail.com halie@madisonturners.com

List New Officers/Members/Directors, if applicable (attach background check form for each):

Name	Title
<u>Mike Jolly</u>	<u>Membership Chair</u>
<u>Joe Johnson</u>	<u>Secretary</u>

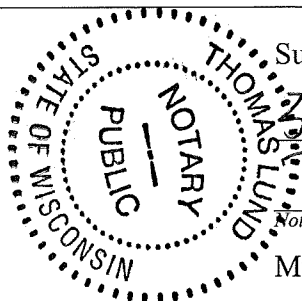
Officers/Members/Directors who will no longer hold their positions:

Name	Former Title
<u>Richard Blatter</u>	<u>Vice President</u>

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

☒ No ☐ Yes, explain: _____

Katie Zamzow
Authorized Signature



Subscribed and sworn to before me this

30th day of April, 2018

Thomas Lund
Notary Public, Dane County, Wisconsin

My Commission Expires

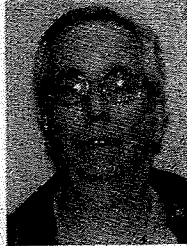
Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name <u>Johnson</u>		First Name <u>Joseph</u>				M.I. <u>W</u>			
Residence: Street Address <u>7221 Knoll Ct</u>		City <u>Middleton</u>		State <u>WI</u>		Zip <u>5356</u>			
Residence Phone <u>608-827-9566</u>	Birthdate <u>04/03/1957</u>	Birth Place (City, State) <u>Madison WI</u>		Race <u>W</u>	Sex <u>M</u>	Height <u>6'1"</u>	Weight <u>180</u>	Hair <u>br.</u>	Eyes <u>bl.</u>
Driver's License Number (State & Number) <u>WI - J525-4995-7123-00</u>		How long immediately prior to making this application have you continuously resided in the State of Wisconsin? <u>Since February, 1984</u>							
Have you completed Beverage Server Training? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk)									
Other than the address above, places of residence for the past five years:				From:		To:			
				From:		To:			
				From:		To:			
Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
List last two employers in chronological order.									
Employer's Name		Employer's Address				Employed From		To	
<u>Deer Health Plan</u>		<u>1277 Delwing Way, Madison WI</u>				<u>6/5/17</u>		<u>now</u>	
<u>Morgridge Institute for Research</u>		<u>330 N. Orchard St, Madison WI</u>				<u>2/23/17</u>		<u>6/2/17</u>	

Please attach a copy of photo ID.

WISCONSIN DRIVER LICENSE
REGULAR



4a DL J525-4995-7123-00

1 JOHNSON
2 JOSEPH WILLIAM
3 7221 KNOLL CT
MIDDLETON, WI 53562

3 DOB 04/03/1957

4b EXP 04/03/2022

15 SEX M

4a R35 03/21/2014

16 HGT 6'-02"

18 EYES BLU

17 WGT 175 lb

19 HAIR BRO

9 CLASS D

9a END NONE



5 ED OTCAG2014032114212197

Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name Jolly		First Name Michael				M.I. L		
Residence: Street Address 3370 E. Washington Ave		City Madison		State WI	Zip 53704			
Residence Phone Cell 608-514-3355	Birthdate 6/24/53	Birth Place (City, State) Salinas CA	Race W	Sex M	Height 6'1"	Weight 270	Hair brn	Eyes brn
Driver's License Number (State & Number) J400-5525-3224-03		How long immediately prior to making this application have you continuously resided in the State of Wisconsin? 24 years						
Have you completed Beverage Server Training? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Date of Beverage Server Training completion (must provide proof of completion to City Clerk)								
Other than the address above, places of residence for the past five years: N7467 County Road N, New Glarus WI 53574			From: 2000		To: 2015			
			From:		To:			
			From:		To:			
Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Madison Turners 3001 S. Staughton Road Madison WI 53716								
Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
List last two employers in chronological order.								
Employer's Name		Employer's Address			Employed From		To	
Cardinal Health/Nidnet Biomed		5225 Verona Road			2003		2014	
Oxford Medical Inst		Hawthorne NY			2000		2003	

Please attach a copy of photo ID.

 **WISCONSIN** 

DRIVER LICENSE Regular
J400-5525-3224-03 


Class: D Endorsements:
Sex: M Hair: BRO Eyes: BRO Height: 6'02" Weight: 220
Restrictions on Back: Issued: 06-22-2010
DOB: **06-24-1953** Expires: 06-24-2018
MICHAEL L JOLLY
N7467 COUNTY RD N
NEW GLARUS, WI 53574
