

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 Wine

licensing@cityofmadison.com

608-266-4601

(Agenda Item Number)	
(Legistar file number)	
(License number)	
(Alder District # and Name)	

- 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 numb	er: LICLIA-2016-00621		
Business dba Name: Willy Street Co-op			
Licensed Address: 2817 N Sherman Avenue, Madis	son, WI 53704		
Liquor/Beer Agent Name: <u>Jenny Skowronek</u>	Alder, District #: Larry Palm, District 12		
Corporate Information			
Business Legal Name (as on WI State Sellers Permit): Williamson Street Grocery Cooperative			
Business Mailing Address: <u>1457 E Washington Avenue, Madison, WI 53703</u>			
Business Contact Name, Position: Ben Becker, Executive Assistant, Corporate Officer (Secretary)			
Business Phone: 608-284-7790 Business Email: b.becker@willystreet.coop			
List New Officers/Members/Directors, if applicable (attach background check form for each):			
Name	Title		
Meghan Gauger	Vice President		
	5		
Officers/ Members/ Directors who will no longer h	old their positions:		
Name	Former Title		
Holly Fearing	Board President		
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MADISON CITY

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license?	s possess any interest of contri	of in any other class A, B of C		
☐ No ☑ Yes, explain: This is license is	for one of multiple locations of	of this business with alcohol licenses		
After this change, how many total office	rs/members/directors will be in	the organization?: 4 Officers		
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.				
Authorized Signature	3-4-2019 Date	☐ Form submitted by mail/e-mail Office Use Only		