

Change of Officers

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

Class A:

Beer,
Liquor,
Cider

M

Class B:
Beer,
Liquor,
Class C Wine

licensing@cityofmadison.com 608-266-4601

Agen	nda Item Number)
5	5820
Legis	star file number)
2:	3659 - 66 577
	se number)
Licer	isc number)
0	Rumme r 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 number: 23659-66577
Business dba Name: BARRYMORE THENTRE
Licensed Address: 2090 ATWOOD AUG. MADESON WI 53704
Liquor/Beer Agent Name: SPEUE SPEULDO Alder, District #: 6
Corporate Information
Dusiness Level Name (or on WI State Sallow Dawsit). By at Ald of Cox 1038 HELO 17

Business Legal Name (as on WI State Sellers Permit): Business Mailing Address: 2090 ATWOOD AUG. MANISON OT 53704

Business Contact Name, Position: STEVE SPEKKING, GEOGRAL MARKETRE Business Phone: 608.241.8864 Business Email: BARKYROLETHEATRE C

List New Officers/Members/Directors, if applicable	ole (attach background check form for each):
Name	Title
ARROGENERS SA	·
CHRIS NOWAKOWSKI	BOAKD MEMBER
0000	
Officers/Members/Directors who will no longer h	iola their positions:
Name	Former Title
ALLEN ARMISEN	BOARD MEDRER
PEDBU MOLEN	BOHND MEMBER
*	

Do any of the officers/members/director	rs possess any interest or	r control in any other class A, B of C	
license?	_		
No Wyes, explain: LEUID HE	WRY 15 CEO.	OR FOOD FIGHT RESTAUL	UN
			DO.
After this change, how many total office	ers/members/directors wil	ll be in the organization?: _/	-
Will this change alter your business plan	n? 🛂 No 🔝 Yes, please a	ttach new business plan with application.	
Penalty for materially false application information application may be required to forfeit not more to		provides materially false information on this	
Ct. 6 0.	H-19-19	☐ Form submitted by mail/e-m Office Use Only	nail
Authorized Signature	Date	Office ose offiny	