

## Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103

Class A:  $\square$  Beer,  $\square$  Liquor,  $\square$  Cider

Class B: 

Beer, 
Liquor,

Madison, WI 53703 licensing@cityofmadison.com 608-266-4601

| (Agenda Item Number)                       |   |
|--|---|
|  |   |
| (Legistar file number)                     |   |
| (License number)                           |   |
| (Alder District # and Name) Office Use Onl | y |

| 0 | This application | is to | inform | the cit | tv of an | v changes | in cor | porate | 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).

| lines and Burning Tuffermenting                         |  |  |  |  |  |
|---|--|--|--|--|--|
| Licensed Premises Information                           |  |  |  |  |  |
| This application modifies existing alcohol license numb | $9 = \frac{2153 - 1434}{1}$  |  |  |  |  |
| Business dba Name: VFW LT. MARICN                       | C CKANEFIELD   |  |  |  |  |
| Licensed Address: 135 E. LAKES 108                      | ST. MADISON, WI S3719  |  |  |  |  |
| iquor/Beer Agent Name: RAY TRENT Alder, District #:     |  |  |  |  |  |
| Corporate Information                                   |  |  |  |  |  |
| Business Legal Name (as on WI State Sellers Permit):    | VFW LT. MARRION C. CRANTEFIECE   |  |  |  |  |
| Business Mailing Address: SAME AS AL                    | 2009   |  |  |  |  |
| Business Contact Name, Position: GUNDEL ME              | TZ, QUARTERMASTER  |  |  |  |  |
| Business Phone: 668 Busi                                | ness Email: VFW1318@HGTMAK- COM  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| List New Officers/Members/Directors, if applicable Name | Title  |  |  |  |  |
| EDWARD MAIOLO   |  |  |  |  |  |
|   | ,  |  |  |  |  |
|   |  |  |  |  |  |
| Officers/Members/Directors who will no longer h         | hold their nocitions:  |  |  |  |  |
| Name  | ers/Members/Directors who will no longer hold their positions:  Former Title |  |  |  |  |
| ROBERT EVANS  | COMMANDER  |  |  |  |  |
|   |  |  |  |  |  |

| Do any of the officers/members/directors license?   | possess any interest or conti  | rol in any other Class A, B or C                   |
|---|--------------------------------|--|
| $\forall$ No $\square$ Yes, explain:  |                                |  |
| After this change, how many total officers  | s/members/directors will be in | n the organization?:                               |
| Will this change alter your business plan?  | No ☐ Yes, please attach        | new business plan with application.                |
| Penalty for materially false application information application may be required to forfeit not more that |                                | s materially false information on this             |
| Authorized Signature  | 4 MAG 19                       | ☐ Form submitted by mail/e-mail<br>Office Use Only |