

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

Class C Wine

Class B: Beer, ☐ Liquor,

Kevin Henry

Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com 608-266-4601

| (Agenda Item Number) | |
|---|---|
| 58124 | |
| (Legistar file number) | |
| LICUB-2011 -0064 | 8 |
| (License number) | |
| 11 Martin | |
| | |
| (Alder District # and Name) Office Use Only | |

- o This application is to inform the city of any changes in corporate structure.
- 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).

| each new officer/member/director with this application (not necessary for title changes). | | | | |
|--|--|--|--|--|
| Licensed Premises Information | | | | |
| This application modifies existing alcohol license number: LICLIB-2011-00648 | | | | |
| Business dba Name: Luigi's Diner | | | | |
| icensed Address: 515 S Midvate Blvd, Madison, W1 53711 | | | | |
| iquor/Beer Agent Name: Dylan Freund Alder, District #: Martin, 11 | | | | |
| Corporate Information | | | | |
| Business Legal Name (as on WI State Sellers Permit): Luigis Diner LLC | | | | |
| Business Mailing Address: 511 Monona Drive, Monona wy 53716 | | | | |
| Business Contact Name, Position: Amanda Jabs, Controller | | | | |
| Business Phone: 608-246-2719 Business Email: AJABS@ foodfighting.com | | | | |
| | | | | |
| | | | | |
| List New Officers/Members/Directors, if applicable (attach background check form for each): | | | | |
| Name Title | | | | |
| Chief Operating Officer | | | | |
| DIVECTOR LOCKMONTON | | | | |
| N-20 BINE | | | | |
| NOV a c | | | | |
| Officers/Members/Directors who will no longer hold their positions: | | | | |
| Name Sormor Title | | | | |

| license? | | • 110 000 00000000000000000000000000000 | | | |
|--|------------------|---|--|--|--|
| □ No ☑ Yes, explain: Tood Fight | ot Restaurants C | ommon ownership | | | |
| After this change, how many total officers/members/directors will be in the organization?: | | | | | |
| Will this change alter your business plan? No \square 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 | /0/25/19 Date | Form submitted by mail/e-mail Office Use Only | | | |

Officers | members:

OCait lin Shemnich+

OMONTY Schibo

OAMANDA Jabs

OPeder Moven

OChnit Maxwell

OCivey Frank