

## Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class B:  $\square$  Beer,  $\square$  Liquor,  $\frac{\text{licensing@cityofmadison.com}}{608-266-4601}$ 

Class A: ☑ Beer, ☑ Liquor, ☐ Cider

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(Agenda Item Number)
60969
(Legistar file number)
LICLIA-2011-00171
(License number)
9 Skidmore
(Alder District # and Name)
Office Use Only

- This application is to inform the city of any changes in corporate structure.
- o **The fee** for filing this application is \$25.00.
- 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: $LICLIA - 20II - 00 71$		
Business dba Name: Walgreens # 07536		
Licensed Address: 8302 Old Saule Rd		
Liquor/Beer Agent Name: Santa Larg	Alder, District #:	
Corporate Information		
Business Legal Name (as on WI State Sellers Permit): Walgreen Co.		
Business Mailing Address: PO Box 901 Deerfield, IL 60015		
Business Mailing Address: PO Box 901 Deerfield, IL 60015  Business Contact Name, Position: Lisa Hora, License Team Lead		
Business Phone: 847-527-4208 Business Email: taxlicenserenewals@walgreens.com		
List New Officers/Members/Directors, if applicable (attach background check form for each):		
Name	Title	
Richard Ashworth	President	
Lisa Badgley	Vice President	
Officers/Members/Directors who will no longer hold their positions:		
Name a Formar Title		

MAY 1 4 2020

MADISON CITY CLERK

President

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Do any of the officers/members/directo licerise?	rs possess any interest or contro	of in any other Class A, B or C
☑ No ☐ Yes, explain:		
After this change, how many total office	ers/members/directors will be in	the organization?:
Will this change alter your business plan	n? ☑ No ☐ Yes, please attach n	ew 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	5   11   20 Date	☐ Form submitted by mail/e-mail Office Use Only

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