Change of Officers

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

Class A: ☑ Beer, ☑ Liquor, ☐ Cider
Class B: ☐ Beer, ☐ Liquor,
☐ Class C Wine

(Agenda Item Number)

60971

(Legistar file number)

LICLIA-2010-00042

(License number)

9   Skidmore

(Alder District # and Name)

Office Use Only

- 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: _LICLIA-2010-00042_

Business dba Name: _Walgreens #03343_

Licensed Address: _7810 Mineral Point Rd_

Liquor/Beer Agent Name: _Scott Sable_   Alder, District #: _____
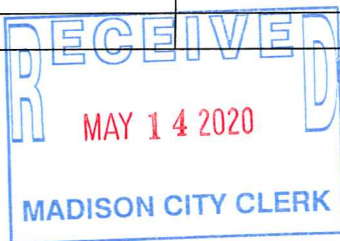
Corporate Information

Business Legal Name (as on WI State Sellers Permit): _Walgreen Co._

Business Mailing Address: _PO Box 901, Deerfield, IL 60015_

Business 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	Former Title
Alexander Gourlay	President

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Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☑ No   ☐ Yes, explain: _____

After this change, how many total officers/members/directors will be in the organization?: ____4____

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.

Lisa Hora	5|11|20	☐ Form submitted by mail/e-mail
Authorized Signature	**Date**	Office Use Only