

## Change of Officers

City of Madison Clerk

210 MLK Jr Blvd, Room 103 Madison, WI 53703

Class B: X Beer, X Liquor,

**Licensed Premises Information** 

☐ Class C Wine

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

licensing@cityofmadison.com 608-266-4601

	la Item Number)
(Legist	ar file number)
(Licens	5 2 3- 85853 e number)
9	Conkliste

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

This application modifies existing alcohol license number: 75923 - 89853

- 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).

Business dba Name: ENO VINO (600)	
Licensed Address: 601 Junction KD.	
Liquor/Beer Agent Name: SARA GRANADOS	Alder, District #:
Corporate Information	
Business Legal Name (as on WI State Sellers Permit):	Eno Vino LC
Business Mailing Address: 8025 Excelsion	DR. MADISON, WI 53717
Business Contact Name, Position: SARA GRAM	ADOS, OWNER
Business Phone: 1008-1014-95165 Busi	ness Email: <u>Bara granados@cobaltrestaura</u> n group con
List New Officers/Members/Directors, if applicab Name SALA GRAMADOS	le (attach background check form for each): Title  OWNER
Officers/Members/Directors who will no longer h	old their positions:
Name MAH Kovert	Former Title
POVATI POVAPI	Director of Operations
D E C	continued on page two -OVER

MADISON CITY CLERK

Do any of the officers/members/director	s possess any interest or contr	of in any other class A, B of C
license?	$\sim$ 1 $\sim$ $\sim$ 1.	AL C 201 110
LI No XYes, explain: ENO VINO T	SOMULEMA CITC' LATI	ette Greill LLC
After this change, how many total office		the organization?:
Will this change alter your business plan	? $\c X$ No $\c \square$ Yes, please attach r	new business plan with application.
Penalty for materially false application information application may be required to forfeit not more th	n: Any person who knowingly provides an \$1,000.	materially false information on this
Sua Granados Authorized Signature	0 14 21 Date	☐ Form submitted by mail/e-ma Office Use Only