

Change of Officers

(Agenda Item Number)

(Legistar file number)

LICLIB - 2020-00588

(License number)

(Alder District # and Name)

Office Use Only

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

- 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: LICLIB-2020-00588

Business dba Name: Shake Shack

Licensed Address: 558 N Midvale Blvd, Madison, WI 53705

Liquor/Beer Agent Name: Bryan Condra

Alder, District #: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Shake Shack Wisconsin LLC

Business Mailing Address: 225 Varick St Suite 301 New York, NY 10014

Business Contact Name, Position: Nick Bolio, Alcohol Compliance & Licensing Admin

Business Phone: 929-777-4727

Business Email: alcohollicensing@shakeshack.com

List New Officers/Members/Directors, if applicable (attach background check form for each):

Name	Title
Robert Lynch	CEO
Stephanie Sentell	COO

Officers/Members/Directors who will no longer hold their positions:

Name	Former Title
Randall Garutti	CEO

continued on page two -OVER

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?: 3

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.


Authorized Signature

10/22/2024
Date

☐ Form submitted by mail/e-mail
Office Use Only