



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)

(Legistar file number)

LICLIA-2016-00621

(License number)

(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-2016-00621

Business dba Name: Willy Street Co-op

Licensed Address: 2817 N Sherman Avenue

Liquor/Beer Agent Name: Jenny Skowronek

Alder, District #: District 12

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Williamson Street Grocery Cooperative

Business Mailing Address: 1457 E Washington Avenue, Madison, WI 53703

Business Contact Name, Position: Paige Wickline, Director of Finance

Business Phone: 608-284-7799

Business Email: p.wickline@willystreet.coop

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

Name	Title
Rosalyn Murphy	Secretary
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Ben Becker	Secretary

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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 officers

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.

Rosalyn Murphy

Authorized Signature

4/10/2025

Date

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