



# Change of Officers

## City of Madison Clerk

210 MLK Jr Blvd, Room 103

Madison, WI 53703

[licensing@cityofmadison.com](mailto:licensing@cityofmadison.com)

608-266-4601

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: ☒ Beer, ☒ Liquor,

☐ Class C Wine

(Agenda Item Number)

88016

(Legistar file number)

LICLIB-2011-01725

(License number)

4

(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: LICLIB-2011-01725

Business dba Name: Hyatt Place Madison

Licensed Address: 333 W Washington Ave

Liquor/Beer Agent Name: Melanie Malone Alder, District #: \_\_\_\_\_

### Corporate Information

Business Legal Name (as on WI State Sellers Permit): Select Hotels Group, LLC

Business Mailing Address: 317 East Carson Street, Suite 333, Pittsburgh, PA 15219

Business Contact Name, Position: Kaitlynd Kruger, Outside Counsel

Business Phone: 608-257-2700 Business Email: licensing@flaherty-ohara.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Tricia Grady	Vice 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?:   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

4/21/2025  
\_\_\_\_\_  
Date

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