

☐ Class C Wine

Class B: ☐ Beer, ☐ Liquor,

## Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com 608-266-4601

(Agenda Item Number)	
(Legistar file number)	
LICLIA-7021-60141	
(License number)	
2-Benett	
(Alder District # and Name) Office Use Only	1

- This application is to inform the city of any changes in corporate structure.
- 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: $\frac{LICLIA - zozi-00141}{LICLIA - zozi-00141}$
Business dba Name: MacTacggarts, Inc. / Mactacggarts Market & Deli
Licensed Address: 230 W. Lakelawn Place, Madison, WI 53704
Liquor/Beer Agent Name: Richard L. Schober Alder, District #:
Corporate Information
Business Legal Name (as on WI State Sellers Permit): MacTaysarts, Inc.
Business Mailing Address: 230 W. Lakelawn Place, Madison, WI 53703
Business Contact Name, Position: Pichard Schober - President
Business Phone: (608) 751-0911 Business Email:
List New Officers/Members/Directors, if applicable (attach background check form for each):
Name Title Pichard Schoper President
Richard Schoper President  Kenneth Kaiser Vice President
RECOUNTING COURSES VICE PRESIDENT
Officers/Members/Directors who will no longer hold their positions:
Name Former Title
JoAnn C. Kaiser President

license?  No   Yes, explain:	ntrol in any other Class A, B or C
After this change, how many total officers/members/directors will be	in the organization?:
Will this change alter your business plan? No ☐ Yes, please attac	h new business plan with application.
Penalty for materially false application information: Any person who knowingly providapplication may be required to forfeit not more than \$1,000.	des materially false information on this
Authorized Stanature  Authorized Stanature  Date	☐ Form submitted by mail/e-mail Office Use Only