

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) | |
|----------|--------------------|---|
| | | |
| (Legista | r file number) | |
| | | |
| (License | number) | |
| | | |
| (Alder D | Strict # and Name) | |
| | Office Use Only | γ |

| Class | A: 🔀 | Beer,X | Liquor, | Cider | |
|-------|------|--------|---------|-------|--|
| | | | | | |

Class B: Beer, Liquor,

☐ Class C Wine

- 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-2024-00525 | | | | | | |
| Business dba Name: Pick in Save Express #183 | | | | | | |
| icensed Address: 1312 S Park St., Madison, WI 53715 | | | | | | |
| Liquor/Beer Agent Name: Terrence Rock | Alder, District #: | | | | | |
| Corporate Information | | | | | | |
| Business Legal Name (as on WI State Sellers Permit): Ultimate Mart LLC | | | | | | |
| Business Mailing Address: PO Box 305103, Nashville, TN 37230 | | | | | | |
| Business Contact Name, Position: Kroger Business License - Kelsi Lovett | | | | | | |
| Business Phone: 615-232-9557 Business Email: business.license@kroger.com | | | | | | |
| | | | | | | |
| | | | | | | |
| List New Officers/Members/Directors, if applicab | Title | | | | | |
| Name Laura Alsteen | Vice President | | | | | |
| Lisa Helton | Vice President | | | | | |
| Lisa neiton | Vice i resident | | | | | |
| The state of the s | | | | | | |
| | | | | | | |
| Officers/Members/Directors who will no longer hold their positions: | | | | | | |
| Name | Former Title | | | | | |
| Joseph Bradley | Vice President | | | | | |
| | | | | | | |
| | | | | | | |

| license? | s possess any interest or c | control in any other class A, B of C |
|---|--|--|
| 🛚 No 🗆 Yes, explain: | | |
| After this change, how many total office | rs/members/directors will | be in the organization?: |
| Will this change alter your business plan | ?⊠No ☐ Yes, please att | ach new business plan with application. |
| Penalty for materially false application informatio application may be required to forfeit not more the | n: Any person who knowingly pr nan \$1,000. | ovides materially false information on this |
| Ann Plaan Rounds VP Authorized Signature | 9141205 Date | Form submitted by mail/e-mail Office Use Only |