



# 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)

88633

(Legistar file number)

LICLIB-2024-00519

(License number)

#3 FIELD

(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-2024-00519

Business dba Name: Metro Market #434

Licensed Address: 6010 Cottage Grove Rd., Madison, WI 53718

Liquor/Beer Agent Name: Bryn: Smith Alder, District #: \_\_\_\_\_

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): Mega Marts 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 applicable (attach background check form for each):

Name	Title
Laura Alsteen	Vice President
Lisa Helton	Vice President
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
Joseph Bradley	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?: 7

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.*

Ann Pedate Camps  
Authorized Signature

5/14/25  
Date

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