



Change of Officers

(Agenda Item Number)

(Legistar file number)

(License number)

(Alder District # and Name)

Office Use Only

Class A: ☐ Beer, ☐ Liquor, ☐ Cider

Class B: ☒ Beer, ☒ Liquor,

☒ Class C Wine

City of Madison Clerk

210 MLK Jr Blvd, Room 103

Madison, WI 53703

licensing@cityofmadison.com

608-266-4601

- 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: LICUB-2024-00790

Business dba Name: ROXY

Licensed Address: 327 W. GORHAM ST., MADISON, WI 53703

Liquor/Beer Agent Name: STEVE BASSLER

Alder, District #: VERVEER / #4

Corporate Information

Business Legal Name (as on WI State Sellers Permit): ROXY / MADISON LLC

Business Mailing Address: 6027 UNIVERSITY AVE, SUITE 100, CEDAR RALLS, IA 50613

Business Contact Name, Position: ANTHONY DESALVO, CEO

Business Phone: (630) 862-9210

Business Email: Tdesalvo@harmonichg.com

List New Officers/Members/Directors, if applicable (attach background check form for each):	
Name	Title
N/A	N/A
Officers/Members/Directors who will no longer hold their positions:	
Name	Former Title
JEFF HASSMAN	MEMBER

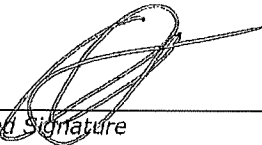
Do any of the officers/members/directors possess any interest or control in any other Class A, B or C license?

☐ No ☒ Yes, explain: STUARD OLIVE (357 STATE ST.) & DOUBLE TAP (347 STATE ST.)

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

9/4/25

Date

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