

Change of Officers

City of Madison Clerk 210 MLK Jr Blvd, Room 103

Madison, WI 53703 Class B: ☐ Beer, ☐ Liquor,

☐ Class C Wine

licensing@cityofmadison.com 608-266-4601

Agenda Item Number)
Legistar file number)
LICLIA-2014-60553
License number)
Ч
Alder District # and Name) Office Use Only

- This application is to inform the city of any changes in corporate structure.
- **The fee** for filing this application is \$25.00.
- 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).

L	icensed	Prem	ises	Infor	mation

This application modifies existing alcohol license number: <u>LICLIA-2014-00553</u>					
Business dba Name:CVS/pharmacy #4930					
Licensed Address: 2 South Bedford Street, Madison, WI 53703					
Liquor/Beer Agent Name: Alder, District #:					
Corporate Information					
Business Legal Name (as on WI State Sellers Permit):WISCONSIN CVS PHARMACY, L.L.C.					
Business Mailing Address: One CVS Drive MC 1160 Woonsocket, RI 02895					
Business Contact Name, Position: Gloria St. Onge - Licensing Coordinator					
Business Phone: 401-770-5049 Business Email: nonpharmacypermits@cvshealth.com					

List New Officers/Members/Directors, if applicable (attach background check form for each):				
Name	Title			
Tracy L. Smith	Senior Vice President/Treasurer			
Paul A. Isabella, Jr.	Assistant Treasurer			
Leo J. Lariviere	Assistant Secretary			
Christy L. Letourneau	Assistant Secretary			
Officers/Members/Directors who will no longer hold their positions:				
Name	Former Title			
Carol A. DeNale	Senior Vice President/Treasurer			
Sheelagh M. Beaulieu	Assistant Treasurer			
Kevin M. Dehner	Assistant Secretary			

license?	interest of control in any other class A, B of C				
No ☐ Yes, explain:					
After this change, how many total officers/members/di	rectors will be in the organization?: _9				
Will this change alter your business plan? $lacksquare$ No $\ \Box$ 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 Date	Form submitted by mail/e-mail Office Use Only				
Joshua J. Smith -Assistant Secretary					