## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION ON PROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

AT-104 (R. 4-09)

Submit to municipal clerk.				87 E
	+ The fall autima autoptic	one must be answered by the	dent. The appointing	alt beverages and/or intoxicating on the must be signed by the officer(s) immendation made by the proper
To the governing body of:	the state of the s	La Crosse	County of	La Crosse
to the governing body of.	XX City	La Glosse		Laciosse
	NAME OF TAXABLE PARTY.		Walareen C	0
The undersigned duly auth	orized officer(s)/memb	ers/managers of(registers	d name of corporation/orga	O. anization or limited liability company)
a corporation/organization of	or limited liability compa	any making application for an a	alcohol beverage licen	ise for a premises known as
F-1-20 (F-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-		Walgreens #12455		
200	20 Marina Caulaa	(trade name)		
located at390	19 Mormon Coulee F	Rd, La Crosse, WI 54601		
appoints		Nathan Stuebs		
50	16 Fux	Holler Or Stor	DODED WI	54658
	7000	(home address of appointed ago		
to alcohol haverages condi-	acted therein is applica	lity company with full authority ant agent presently acting in t plying for a beer and/or liquor	nat capacity of reque	emises and of all business relative sting approval for any corporation/ location in Wisconsin?
		te name(s)/limited liability com		
	n/a			
is applicant agent subject to		ponsible beverage server train	ing course? XXY	es No
How long immediately prior	to making this applica	tion has the applicant agent re	sided continuously in	Wisconsin? / 1 years
Place of residence last year	1110 6	ox Hellon Or	Stooder	WI 54658
Fo	or:	Walareen (	20	
		Walgreen (name of comporation/orga	anization/limited liability cor	10.7
В	y:	Islocature of O	flicer/Member/Manager)	Colhn Spotser
An	d: (/	1/100	2	Secretary
,	·	(signature of O	fficer/Member/Manager)	
		ACCEPTANCE BY AGE	NT	
1	Nathan St		, hereby acce	ot this appointment as agent for the
	(print/type agent's r			of all foreigness solutions to alcohol
corporation/organization/li beverages conducted on t	he premises for the co	rporation/organization/limited	liability company.	of all business relative to alcohol
		AL)	415/16	Agent's age
500 Fox	signature of agent)  /fs//o	Stopogep Wil	5965P	Date of birth
	APPROV (Clerk c	AL OF AGENT BY MUNICIP	AL AUTHORITY nicipal Official)	
I hereby certify that I have the character, record and	checked municipal an reputation are satisfac	nd state criminal records. To the story and I have no objection t	ne best of my knowle o the agent appointe	dge, with the available information, d.
Approved on	by		Title _	(town chair, village president, police chief)
(date)		(signature of proper local official)		(town chair, village president, police chief)

Wisconsin Department of Revenue