SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organization	ns or limited lish	ility companies applying f	for a license to sell termented in	Jail peverages and/or intoxicating
quor must appoint an agen of the corporation/organiza	t. The following of tion or member	uestions must be answer s/managers of a limited	ed by the agent. The appointme liability company and the reco	nt must be signed by the officer(s) mmendation made by the proper
ocal official.	Town			
To the governing body of:	_	of La Crosse	County of	La Crosse
o the governing body or.	☐ Vallage X City	or <u>La Crosse</u>		
	- •		Red Lobster Hospitali	ty LLC
The undersigned duly auth	orized officer(s)/	members/managers of	(registered name of corporation/org	enization or limited liability company)
	- M144 H-6-114.		ion for an alcohol beverage lice	nse for a premises known as
a corporation/organization (or limited liability	#Red Lobster		·
		(trade na	imo)	•
ocated at	_	3333 State Rd	16, La Crosse, WI 5460	1
posico di		_	. n	
appoints		Travis S. Dela	oled egopi)	
		1548 Prospec	t Street, La Crosse, W1	54603
		(home address of a	ppointed agent)	
to act for the corporation/o	rganization/limite	d liability company with fu	ill authority and control of the p	remises and of all business relative esting approval for any corporation/
to alcohol beverages cond	ucted therein. Is	applicant agent presently	acting in that capacity or reque d/or liquor license for any other	esting approval for any corporation/ location in Wisconsin?
organization/limited liability	company naving	ot abbiliting in a neer an	worlden needed in any	
Yes X No If:	so, indicate the c	orporate name(s)/limited t	lability company(les) and munic	ihanty(les).
ls applicant agent subject	to completion of t	the responsible beverage	server training course? $\overline{\mathbf{X}}$	
How long immediately price	r to making this a	application has the applica	ant agent resided continuously i	Wiscensin? 8-9 years
	_	rospect Street, La Ci		
Place of residence last ye	1546 F	tospect street, La Ci	0300, 112 0 200	
F	or. Red Lo	bster Hospitality LI	.C progration/organization/limited liability co	omasovi
	7/4			ra, VP/Asst. Secretary
ŧ	3y: <u> </u>	ma Rivera	longure of Officer/Member/Menager)	
Δι	nd:	200	Horace G. D	awson, III, EVP & Secretary
C.			signature of Officer/Member/Menager)	
		ACCEPTANC	E BY AGENT	
, Travis S. D	elan	,,,,,		ept this appointment as agent for the
·,	(orint/type	agent's name)		
	timited liability c	omnany and assume ful	I responsibility for the conduc	t of all business relative to alcohol
haverages conducted on	the premises for	the corporation/organiza	tion/limited liability company.	
Octoregoe conservation			3-23-18	Agent's age
	(sidentation of agent)		(dato)	
	(signature of agent)	Crosse, WI 54603	(dato)	Date of birth
	nect Street, La	a Crosse, WI 54603 me address of agant)	(data)	
	pect Street, L:	me address or agent)	Y MUNICIPAL AUTHORITY	
1548 Pros	pect Street, L.	PROVAL OF AGENT B	Y MUNICIPAL AUTHORITY half of Municipal Official)	Date of birth
I hereby certify that I have the character, record and	Al (for e checked munical d reputation are	PPROVAL OF AGENT B Clerk cannot sign on be cipal and state criminal re satisfactory and I have no	Y MUNICIPAL AUTHORITY half of Municipal Official) cords. To the best of my know objection to the agent appoint	Date of birth
1548 Pros	Al (not be checked munical reputation are by	PROVAL OF AGENT B	Y MUNICIPAL AUTHORITY half of Municipal Official) cords. To the best of my know objection to the agent appoint	Date of birth