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

Submit to municipal clerk

liquor mus	at appoint an agen poration/organiza	t. The following	questions must be an	swered by the a	gent. The appoir	ted malt beverages and/or intoxicating ntment must be signed by the officer(s) recommendation made by the proper
		☐ Town	1 6			1 4
To the gov	verning body of:	☐ Village ☑City	of acrosse		County of	of Lalposse
The under	rsigned duly autho	orized officer(s)	/members/managers	of	d name of corporatio	lote LUC prorganization or limited liability company)
a corporat	ion/organization o	r limited liability	company making app	lication for an a	lcohol beverage	license for a premises known as
	-1	chara	ant Hotal	9		
located at	101 5	tate S		de name)		
appoints	Sen	an Casi	tadu_			
	346	, ~~ 11.	n CA (name of a	appointed agent) MSS s of appointed agen	e, WI	54603
to alcohol	beverages condu-	cted therein. Is	d liability company wit applicant agent prese	th full authority ently acting in th	and control of the	e premises and of all business relative equesting approval for any corporation/her location in Wisconsin?
☐ Yes	No If so), indicate the co	orporate name(s)/limit	ed liability comp	oeny(ies) and mu	ınicipality(ies).
ls applican	nt agent subject to	completion of the	he responsible bevera	ige server traini	ng course? [Yes No
			pplication has the app	-	7	- 71/2. 31 . 2
Place of re	esidence last year	165	71 Dente	on St.	La Cro.	sse, WI 54601
	For	:	raxing H	stal al	ــد	
•	By	D Illone	(namo	of odiforalion/dipag	ization/ilmited liabilit	y compeny)
				(signature of Offi	cer/Momber/Manage	v)
	Anyo	: <i>)</i>		(signature of Offi	cer/Member/Manage	n)
			ACCEPTA	NCE BY AGEN	T	
1,	Seav	(print/lypo ex	tady			ccept this appointment as agent for the
corporation beverages	n/organization/lim	ited liability co e premises for t	mpany and assume the corporation/organi	full responsibili ization/limited li	ity for the condi iability company	uct of all business relative to alcohol
		TO E		4-	11-18	Agent's age
346	Telli	inalbre dragenti A C+	La CMSSE	WI E	54603	Date of birth
		APF	PROVAL OF AGENT			
		hecked municip		records. To the	best of my kno	wledge, with the available information, inted.
Approved -	on		•	•	-	tle
	(date)		(signature of prop	oer local official)		
AT-104 (R. 4-09))					Wisconsin Department of Revenue