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

Submit to municipal clerk.

liquor must a	nnoint an age	nt. The following	r questions must be answe	red by the agent. The appo	nted malt beverages and/or intoxicating pintment must be signed by the officer(s) e recommendation made by the proper	
local Official.		Town	La Crosse		La Crosse	
To the gover	ning body of:	☐ Village ☐ City	of	Count	y of	
The undersig	gned duly auti	horized officer(s)/members/managers of _	Kwik Trip, Inc	tion/organization or limited liability company)	
	. /	ar liveitad liabilit	y namany makina analica	. •	ge license for a premises known as	
a corporation	rorganization	Of Hithred habine	Kwik Trip		,	
			(frade n	ame)		
located at _		4605	Mormon Coulee Rd.,	La Crosse, WI 5460)1	
appoints _	Alyssa Y. Zimmerman					
(name of appointed agent) 3166 26 th St. S., La Crosse, WI 54601						
****	3166	26" St. S., L	.a Crosse, vvi 54601 (home eddress of	appointed agenf)		
to alcohol be	everades con	ducted therein. I	s applicant agent presently	/ acting in that capacity or	the premises and of all business relative requesting approval for any corporation/ other location in Wisconsin?	
Yes	No If	so, indicate the	corporate name(s)/limited	liability company(ies) and	municipality(ies).	
			t the comment of the comment	contentralising course?	Yes No	
			f the responsible beverage		All my life.	
How long in	nmediately pri	or to making this	application has the applica	ant agent resided continuo	usiy iii vviscorisiii i	
Place of res	sidence last ye	ear <u>917 17</u>	th St. S., La Crosse, V	VI 54601		
		or: Kwik T	rip, Inc.			
	r	(i)		progration/organization/timited lia.	bility company)	
		By: //or	iald field	signal re of Officer/Member/Men	a and	
	Λ.		Holling All Sol	signaryre of Onicerivieniuenwani	ugor)	
	A	.nd:	11019.000	signature of Officer/Member/Man	ager)	
			ACCEPTANC	E BY AGENT		
l,		Alyssa Y. Zin	nmerman e agent's name)	, hereby	accept this appointment as agent for the	
corporation beverages	/organization/ conducted on	/limited liability the premises fo	company and assume ful or the corporation/organiza	responsibility for the co	nduct of all business relative to alcohol iny.	
<i>^</i>				1/14/19	Agent's age 27	
3166 2	26 th St. S., I	www. (signature of agent) a Crosse, W	/I 54601	(date)	Date of birth	
		(h	ome address of agent)			
			PPROVAL OF AGENT BY Clerk cannot sign on be			
I hereby ce the charact	ertify that I hav ter, record an	re checked mun d reputation are	icipal and state criminal re satisfactory and I have no	cords. To the best of my k objection to the agent ap	nowledge, with the available information, pointed.	
Approved o	on(date)	by	(signature of proper	local official)	Title (town chair, village president, police chief)	
AT-104 (P. 4-00)	· · · · · · · · · · · · · · · · · · ·				Wisconsin Department of Revenue	