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

Submit to municipal clerk.

AT-104 (R 4-09)

O					
liquor must appoint an agen	t. The following at	restions must be answere	d by the agent.	i ne appointm	malt beverages and/or intoxicating ent must be signed by the officer(s) ommendation made by the proper
10001 011101011	Town	City of La Cro	sse		La Crosse
To the governing body of:	☐ Village o	of		County of _	
•	City				
			Kwik Tr	ip. Inc.	
The undersigned duly auth	orizea orricer(s)/m	nembers/managers or	(registered name	of corporation/or	ganization or limited liability company)
a corporation/organization of	or limited liability o	ompany making applicatio	on for an alcoho	l beverage lice	ense for a premises known as
		Kwik Trip			
leasted at		530 West Ave. N., L	a Crosse, W	1 54601	
located at	B. Wuntani				
appoints	B. Wurtzel	(name of appoint	ted agent)		
771 L	osev Bivd. No	orth, La Crosse, WI			
		(home address of ap	pointed agent)		
to alcohol beverages conduction organization/limited liability	acted therein. Is a company having o	pplicant agent presently a or applying for a beer and	or liquor license	e for any other	remises and of all business relative esting approval for any corporation/ location in Wisconsin?
Yes No If s	so, indicate the co	rporate name(s)/limited lia	bility company(i	ies) and munic	cipality(ies).
			ewer training co	ourse?	Yes No
How long immediately prior	to making this ap	plication has the applican	t agent resided	continuously i	n Wisconsin? Since Sept. 2017
Place of residence last year	ar <u>771 Lose</u>	y Blvd. North, La Cı	rosse, WI 54	601	
Fo	Kwik Trij	o, Inc.			
• • • • • • • • • • • • • • • • • • • •	<i></i>	All Septime of con	oration/organization	r√imted liability co	ompany)
8	y. Non	It I fullo	naturo of Officeriile	ember/Manager)	
		11st how 1 1977	1 rel		
An	d:	(315	nature of Officer/Mi	ember/Manager)	
		ACCEPTANCE	BY AGENT		
	Evan B. Wur			_ , hereby acc	ept this appointment as agent for the
l,					
corporation/organization/l beverages conducted on		and assume full	responsibility fo on/limited liabili	or the conductity company.	t of all business relative to alcohol
9/1/1/1	AT		d/6/1	20/9	Agent's age
771 Losey Bivd. I	(Sgnature of agent)	sse. WI 54601	(00.	••,	Date of birth
	(hom	e address of agent)			
		PROVAL OF AGENT BY lerk cannot sign on beh	MUNICIPAL A	UTHORITY al Official)	
	(C	iern camior sign on both	ords. To the he	est of my know	ledge, with the available information
I hereby certify that I have the character, record and	e checked munici	ipal and state criminal rec atisfactory and I have no	objection to the	agent appoin	ledge, with the available information ted
the character, record and	1 tebutation are a	41101410	The state of the s		· Police Chiet
Approved on 02/15	19 by	Signature of proper	local official)	~ <del></del> ''''	(town chair, village president, police chief)
\ (date)	1	(**g****			Wisconsin Department of Revenu