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

Submit to municipal clerk

liquor must appoint of the corporation	it an agent	. The following	question	is must be answere	ed by the agent. T	The appointme	nalt beverages and/or intoxicating nt must be signed by the officer(s) mmendation made by the proper
local official.		☐ Town		City of La Cr	nesė		La Crossa
To the governing	body of:	☐ Village	of			County of	La Crosse
		∐ City					
The undersigned	duly autho	rized officer(s)/membe	rs/managers of	Kwik Tri	p, Inc.	anization or limited liability company)
	_:matian a	timaland linkilla		malina amalinati			se for a premises known as
a corporation/orga	inization of	mnited nabilit	y compan			beverage noch	ise for a premiero issemi de
				Kwik Trip T	mo)		
located at		25	06 Sout	th Ave., La Cro	sse, WI 5460)1	
Stephanie L. Klonecki							
appoints				(name of appoin			
	N264	9 Three To	own Rd.	., La Crosse, W			
				·	-		
to alcohol beverae	aes condu	cted therein. Is	s applicar	nt agent presently a	acting in that cap	pacity or reques	emises and of all business relative sting approval for any corporation/ ocation in Wisconsin?
Yes DN Agent at Kw	lo If so i k Trip 3	, indicate the 50, Onalas	corporate ka, WI u	name(s)/limited lia	ability company(i gent is appro	es) and munici _l oved.	pality(ies).
Is applicant agent	subject to	completion of	the respon	onsible beverage s	erver training co	urse?	es Y No
							Wisconsin? All my life.
Place of residenc	e last year	N2649	Inree	Town Rd., La C	rosse, wi 54	001	
	For	Kwik T	rip, Inc				
•	_) ald	Indimo of con	nonation/organization	Vilmited liability con	npany)
	Ву		111	(3)	nature of Officer/Mo	mber/Manager)	
	And	: 4/	//net	11 1/1/11	ref		
		1/	7	7 (84)	nat re of Officer/Me	mber/Manager)	
				ACCEPTANCE	BY AGENT		
I,	Ste	ephanie L.				, hereby accep	ot this appointment as agent for the
			agent's na		4 141		-£ -!! husingg relative to elechal
corporation/organ beverages condu	nization/linucted on th	nited liability of e premises fo	company or the corp	and assume full operation/organization	responsibility for on/limited liability	y company.	of all business relative to alcohol
. Stepr	<u>juij</u>	anature of agent)	ン		2-6-	19	Agent's age
N2649 Thre			osse, V	VI 54601	,	,	Date of birth
		•	ome address				
	,	A (PPROVA Clerk ca	L OF AGENT BY nnot sign on beha	MUNICIPAL AU alf of Municipal	THORITY Official)	
I hereby certify the	nat I have	checked muni	cipal and	state criminal reco	ords. To the best	t of my knowled	dge, with the available information.
the character, re	coru ano r	sharanou are		ald!	A T		Police Objet
Approved on 1	2/15/	<u></u> by	1070	(signature of proper lo	cal official)	Title _	(town chair, village president, police chief)
	(00.0)	·		, grana en prapara			Wisconsin Department of Revenue