Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organization must appoint an agent. The corporation/organization or corporation/organization or corporation/organization or corporation/organization or corporation/organization or corporation/organization	following guestion	s must be answered b	ov the agent. The a	ppointment m	ust be signed by	an officer of the
To the governing body of:	K City	LACROSSE				
The undersigned duly author	orized officer/memb	per/manager of <u>L</u>	1 (Registered Name of	MOOSE Corporation / Org	LDDGE - L anization or Limited Li	_O O M lability Company)
a corporation/organization of	or limited liability cor	npany making applica	ition for an alcohol i	oeverage licen	se for a premises	known as
LOYAL OR	DER OF M	1505E - (Trade N	<u>FRATERNAL</u>	. ORCAN	11 ZATION	(91/10)
located at	HJARD AVE.	LACROSSE C	(1 5460	/		No. of
appoints <u>Mic 4A</u>	5. 157K 5T	(Name of Appo , <u>LACROS</u> (Home Address of	ointed Agent) S E 、	4601	I Market Company	HEGENEN
to act for the corporation/or to alcohol beverages condu- organization/limited liability	ganization/limited li ucted therein. Is app company having or	ability company with folicant agent presently	ull authority and cor y acting in that capa nd/or liquor license	ntrol of the pre acity or reques for any other k	ocation in Wiscon	atily corporations
Is applicant agent subject to	completion of the	esponsible beverage	server training coul	rse? 🔲 Ye	· ,	l una a C
How long immediately prior	to making this appl	ication has the applica	ant agent resided co	ontinuously in	Wisconsin?	yon no
Place of residence last year	r 218 Quine	, sy bnglassan	N. 2005	4650		
Fo	r: Loun on	AM BO MODIE	- Pristorina	L ORGAN	にわわか	
D.		Name of Cont	ooration / Organization /	Limited Liability C	ompany)	
, Бу	/·	AND OF MADE	gnature of Officer / Mem	ber / Manager)		
Any person who knowingly \$1,000.						not more than
		ACCEPTANC	E BY AGENT			
1, MICHAEL KO	nun			hereby accep	t this appointmen	t as agent for the
corporation/organization/lir beverages conducted on the	(Print / Type Ager nited liability comp ne premises for the	any and assume full	responsibility for tion/limited liability	the conduct c	of all business re	elative to alcohol
MAPK			1-93. 308 (Date)	4	Agent's age	62
	ignature of Agent) VII (A WSSE (Home Ad	dress of Agent)	(Date)		Date of birth_	
		OVAL OF AGENT BY cannot sign on bel				
I hereby certify that I have the character, record and r	checked municipal eputation are satist	and state criminal red actory and I have no	cords. To the best of objection to the ag	of my knowled ent appointed	ge, with the avail	able information,
Approved on(Date)	by	(Signature of Proper L	ocal Official)	Title	Town Chair, Village Pr	esident, Police Chief)
AT-104 (R. 4-18)				1	Wisconsi	n Department of Revenue