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

Submit to municipal clerk.

di corporations/o	rdanizatio:	ns or limited liability	companies applying for	or a license to sell fe	rmented r	mailt beverages and/or intoxicating
quor must appoin of the corporation	it an anani	The following gues	stions must be answere	ed by the agent ine	appointmit	ent must be signed by the officer(s) ommendation made by the proper
ocal official.		Town	C'un est e Con			La Crosse
o the governing	bơẩy of:	☐ Village of	City of La Cro	sse C	ounty of _	Lia Crosse
		:City				
he undersigned	duly autho	srized officer(s)/mer	mbers/managers of	Kwik Trip,	Inc.	genize(fon or signaed liability company)
comoration/ords	inization d	ir Ilmited liability con	nnany making apolicati			nse for a premises known as
, odi borginara (a. 184		Trip 829	many maintag approach			
		-	(trade ne	me)		
ocated at		Lang Dr., La Cr	OSSE, WI 54005			
appoints	Mark	T. Wagner				
	10	22 6th Ava N Or	(name of appoint nalaska, WI 54650	nted agont;	•	
	10,	52 0" AVE. 11., OI	(home address of a	ppointed agent)		
to alcohol bevera	iaes condu	ucted therein. Is abo	olicant agent presently	acting in that capaci	ity or requ	oremises and of all business relative esting approval for any corporation/ location in Wisconsin?
Yės 🗗 1	No 1fs	o, indicate the corpo	orate name(s)/limited li	iability company(ies)	aind munic	cipality(ies).
			,	<u> </u>		
Is applicant agen	t subject t	o completion of the	responsible beverage :	server training cours		Yes ZMO/// Lik
How long immed	iately prior	to making this appl	lication has the applica	nt agent resided con	tinuously i	in Wisconsin? #11 my 11
Place of resident	ce last yea	1022	6th AUE	N ONE	4LAS	KA WI 546
	Fo	Wentle Train				
	FC			poretion/organization/lim.	tod l'ability c	отрапу)
	В	y: K Ofen	UICY 1	24		
			11111	ichaly of Officer/dembe	er/Manager)	_
	An	d:		ignaty's & Officer/Nembe	r/Managor)	
			ACCEPTÁNCI	E AY AGENT		
1		Mack: T	•		arahy acc	ept this appointment as agent for the
۱۰ 	/	(print/type agen		, "	ereby acc	Spt titls appointment as agoin for the
			pany and assume full a corporation/organizat			t of all business relative to alcohol
Molinet	Ato			8/13/1	<u> </u>	Agent's age
1922 6 th	ve. N.,	Ngneture of agont). Opalaska, WI 54	1650	(\$410)		
			ddress of edeut)			Date of birth
			OVAL OF AGENT BY			
I hereby certify the character. re	that I have	checked municipal		cords. To the best of	my know	ledge, with the available information, ted.
Approved on		hv			Title	
Whitehad on —	(dato)	by	(signature of proper	focal official)		(town chair, village president, police chief)
ÁT-104 (R. 4-09)					.	Wisconsin Department of Revenue