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

Submit to municipal clerk.			e	orages and/or int	ovication
All corporations/organizations or li iquor must appoint an agent. The to of the corporation/organization of ocal official.	ollowing questions must be a r members/managers of a	limited liability company a	and the recommend	dation made by th	ne proper
	fillage of La CI	rosse	County of La	- Cross	
To the governing body on					
		not Over+	ime Ente	Hainmen	+, LLC
The undersigned duly authorized	officer(s)/members/manage	(registered name of	corporation/organization	or limited liability com	pány)
a corporation/organization or limite	ed liability company making a	application for an alcohol b	everage license for	a premises knowr	n as
	Oiva Ral				
1/10	Dive Bat	(trade name)		116	
located at 1920 U	and Ave,	Lactosse,	WI S	7663	
appoints	Ryan Tok	getson			
	(name	of appointed agent)	/ ~	-4603	
	2007 Kane	fress of appointed agent)	sse, aci	3 1003	
	herein. Is applicant agent pr any having or applying for a cate the corporate name(s)/l	esently acting in that cape beer and/or liquor license t imited liability company(ie:	for any other location s) and municipality(i	n in Wisconsin?	
Is applicant agent subject to com	oletion of the responsible be	verage server training cou	rse? Yes	ANO TICLE	0.1 C
How long immediately prior to ma	king this application has the	applicant agent resided co	ontinuously in Wisco	onsin? - 10 ge	3
Place of residence last year	2007 Kane S	· CaCrosse	WI 546	03	
For:	over+1	ne Enterte	imited liability company)	4	
By:	and	10	<u> </u>		
Бу	Orthon	(signature of Officer/Men	ber/Manager)		
And:		(signature of Officer/Men	nber/Manager)		•
0 -		PTANCE BY AGENT			
1. Kyan Torgets	(print/type agent's name)		, hereby accept this	appointment as a	gent for the
corporation/organization/limited beverages conducted on the pre	liability company and assu	me full responsibility for ganization/limited liability	the conduct of all company.	business relative	to alcohol
Developes conducted on the pre		, ,			
Sur Vou	re of agent)	11/15/20 (date)	018 Ag	gent's age_	1 -1
Dea 7 / Cara 2	St 1 1 Croser	WI	Da	ate of birth	*
2001 /CAVU	(home address of agent)		- N	¥1	
	APPROVAL OF AG	ENT BY MUNICIPAL AU	THORITY		
	(Clerk cannot sign	on behalf of Municipal	Official)		
			. f I	with the evallable	information

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on