CITY OF LA CROSSE, WI General Billing - 124335 2015 001685-0011 Amber W. 64/00/2015 03:44PM

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPANY ORGANIZATION OR LIMITED LIABILITY COMPANY

	ORGANIZATI	ON OR LIMIT	ED LIABILIT	nt Amount:		10.00
submit to municipal clerk.						otovicatino
Ill corporations/organizations quor must appoint an agent. If the corporation/organization ocal official.	on or members/ma	nagers of a limite	d liability compan	y and the recom	mendation made by	the proper
o the governing body of:	☐ Town ☐ Village of	Lacross	se	County of	Lacrosse	
The undersigned duly author	City		Morti	me Fr	tertain Make the list of the l	nent LL
a corporation/organization or			(registered mann	e or corporation		
a corporation/organization or	Show L.C.	ROK!	Sui II	7, 50 (0.05)		
Overtime		11	name)			
located at <u>1920</u>	Ward	tre .				
appoints Jam	ies Salva	tore town	ell			
131	16th st S	ocolh a	Cyrosse W			
to act for the corporation/org to alcohol beverages conduc organization/limited liability c	anization/limited liat sted therein. Is appli company having or a	cility company with loant agent present applying for a beer a	full authority and by acting in that c and/or liquor licens	control of the pre apacity or reques se for any other lo	mises and of all busing approval for any ocation in Wisconsin?	ness relative corporation/
Yes 'No Ifso	, indicate the corpor	rate name(s)/limited	d liability company	(ies) and municip	pality(ies).	
Jim		n Star	aver training o	ourse? TY	es X No	4
Is applicant agent subject to How long immediately prior t	completion of the re	esponsible beverag	e server training c	d continuously in		40
How long immediately prior t	o making this applic	aligh has the appli	1 1.6	orse w:	7/1003	
Place of residence last year	1101 6	Many c	0		<u> </u>	
For	_ OVERTIO	ME Sark	Bar Gr corporation/organizati	or/I/ ion/imited ilability con	npany)	
Ву	: andr	- Alm	Signature of Officer/I	Member/Manager)		
And	:		(signature of Officer/			
		ACCEPTAN	CE BY AGENT			
l,	James (print/type agent	Salvertore Po	well		pt this appointment a	
corporation/organization/lip beverages conducted on the		and sesume f	ull responsibility	for the conduct lility company.	of all business relat	ive to alconol
(Amus	Hour V		4-5	-/5	Agent's age	
(13/	ignature of agents 16 th St Sou (home ad	th La Cruss	e Wi 346		Date of birth	_
	(Clerk	OVAL OF AGENT k cannot sign on l	behalf of Munici	par Official		
I hereby certify that I have the character, record and i		and state criminal	records. To the b	est of my knowle	edge, with the availated.	ole information,
Approved on(date)	W	(signature of pro		Title		dent, police chief)
(date)		(signature of proj			Wisconsin Dep	artment of Revenue

AT-104 (R. 4-09)