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

Submit to municipal clerk.

must appoint an agent. The	following question	ns must be answ	ered by the	ne agent.	The appointment	beverages and/or intoxicating liquor must be signed by an officer of the tion made by the proper local official.
To the governing body of:	☐ Town ☐ Village o	f_La Crosse			County of	La Crosse
The undersigned duly authorized officer/member/manager of KWIK TRIP, INC. (Registered Name of Corporation / Organization or Limited Liability Company)						
a corporation/organization o	r limited liability co	mpany making a	pplication	for an alc	ohol beverage lic	ense for a premises known as
Kwik Trip 77	'3					
			(Trade Name	2)		
located at 2506 South Ave.	, La Crosse, WI 54	601				

	2506 South Ave., La Crosse, WI 54601 India J. Rostad								
appoints	(Name of Appointed Agent) 809 Starlite Dr., Holmen, WI 54636								
	(Home Address of Appointed Agent)								
to alcohol	the corporation/organization/limited liability company with full authority and control of the premises and of all business relative beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/on/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?								
Yes	No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).								
How long	int agent subject to completion of the responsible beverage server training course? Yes Vino immediately prior to making this application has the applicant agent resided continuously in Wisconsin? System is sesidence last year 3148 Edgewater Dr., La Crosse, WI 54603 For: KWIK TRIP, INC.								
	By: Onald (Name of Corporation / Organization / Limited Liability Company)								
	(Signature of Officer / Member / Manager)								
Any perso \$1,000.	on who knowingly provides materially-false information in an application for a license may be required to forfeit not more than								
	ACCEPTANCE BY AGENT								
I,	India J. Rostad , hereby accept this appointment as agent for the (Print / Type Agent's Name)								
	on/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohols conducted on the premises for the corporation/organization/limited liability company.								

(Home Address of Agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

(Signature of Agent)

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	hv			Title		
	(Date)	_ 0,	(Signature of Proper Local Official)		(Town Chair, Village President, Police Chief,	

809 Starlite Dr., Holmen, WI 54636

Agent's age 25 ZG IX

Date of birth