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

Submit to municipal clerk.

liquor must of the corp	appoint an agent oration/organizat	ns or limited liability co t. The following questi tion or members/mar	ane muet na answ	eren ny ine adem-i d	ie appointment o	100100000000000		
local officia	ıt.	Town	City of La C	, rocco	L	a Crosse		
To the gove	erning body of:	☐ Village of	City of La C	,10336	County of			
_		City						
The under	rianed duly sutha	orized officer(s)/memb	ners/managers of	Kwik Trip	o, Inc.			
				(registered fialitie of		tion or limited liability		
a corporation	on/organization o	or limited liability comp	any making applic	ation for an alcohol b	oeverage license	for a premises kno	own as	
			Kwik Tr					
		E20	(trade	, La Crosse, WI	54601			
located at		330	West Ave. II.	, La Olosse, tri				
appoints	Ryan M. Levendoski							
appoints		(name of appointed agent)						
	903 D	903 Deerfield St., Holmen, WI 54636 (home address of appointed egont)						
			•		mbool of the masses!	ene and of all hor	inace relative	
to alcohol	beverages condu	ganization/limited liab ucted therein. Is applic company having or ap	cant agent presen	tly acting in that capa	acity or requestin	g approval for any	/ corporation/	
☐ Yes		so, indicate the corpora						
	110 II S	o, maloate the corpore	ate name(e)/imae	a habitely company (ion	<b>-</b> , and manopul	., (.2-).		
le applicar	at agent subject to	o completion of the res	enoneible beverag	e server training cour	rse? Yes	[X No	<del></del>	
• •	•	to making this applica	•	<del>-</del>		AII.	my life.	
			auon nas uie appii	cam agent resided co	Changed by the ver	SCORSIII!		
Place of re	esidence last yea	r 903 Deerfield	d St., Holmen,	WI 54636		<u></u>	<u> </u>	
	Fo	Kwik Trip, In	ıc.					
	10		(name of	egrporation/organization/li	imked liability compar	n)	**************************************	
	B	y:(C	Lucil (1	1				
		. 1	1 ( S	(signature of Officer/Mery	rber/Manager)			
	And	J:	17 C	(signature of Officer/Mem	ber/Manager)	$+\beta$		
						00.01	Sayment Amount:	
				CE BY AGENT		33		
I,	<u></u>	yan M. Levendos (print/type agent's			hereby accept th	is appointment as	1999 - RANKILBIBEN	
corporatio	n/organization/lir	mited liability compar he premises for the co	ny and assume fi	all responsibility for f	the conduct of a	0./107/11/21pe all business relati 2107 ~ 19	Seneral Billing - 1531 potocies of av 004362-0055 Mark P	
			· · · · · · · · · · · · · · · ·	/ /			SEORD AT 40 YTIS	
	4/1	ignature of agent)	<del></del>	11/17/1	7	Agent's age		
903 D		Holmen, WI 54636	6	* (care)		Data of high		
	····		ess of agent)			Date of birth		
			.,. <u>.</u>	BY MUNICIPAL AUT				
		checked municipal ar reputation are satisfac				, with the availabl	e information,	
Approved	on	by			Title			
, ippiored	(dato)		(signature of prope	r local official)	(for	m chair, village proside	ort, police chief)	
AT- 104 (R 4-05						Wisconsin Depar	tment of Revenue	