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

Submit to municipal clerk.

liquor must appoint an agen	t. The following que	estions must be answ	ered by the agent. The appointr	I malt beverages and/or intoxicating ment must be signed by the officer(s)
of the corporation/organiza local official.	tion or members/r	managers of a limite	ed liability company and the re	commendation made by the proper
	Town			
To the governing body of:	☐ Village of ※ City	LA CROSSE	County of	LA CROSSE
The undersigned duly author	orized officer(s)/me	embers/managers of	FREE BEER TOMORRO (registered name of corporation/o	W, LIC organization or limited liability company)
a corporation/organization o	r limited liability cor	mpany making applic	ation for an alcohol beverage lid	ense for a premises known as
. •		BOOTLE		
00 214		(trade	•	
located at WN 216/21	8 Main Stree	t, La Crosse,	WI: 54601	
appoints Mark G	oede			
221 74	on Stroot T	name of app a Crosse, WI	cinted agent)	
ZJI AV	Oli Street, I		appointed agent)	
to alcohol beverages condu	cted therein. Is app	olicant agent present	full authority and control of the ly acting in that capacity or requind/or liquor license for any other	premises and of all business relative uesting approval for any corporation, or location in Wisconsin?
Yes X No If so	o, indicate the corp	orate name(s)/limited	liability company(ies) and mun	icipality(ies).
Is applicant agent subject to	completion of the	responsible beverage	server training course?	Yes X No
			ant agent resided continuously	in Wisconsin? 27 years
Place of residence last yea			-	
r lace of residence last year	La Cross	e, wi		
For	FREE BEE		LC corporation/organization/limited liability (company)
Ву	. MAS	M I MUNI		
	Mo	01/10/1	(signature of Officer/Member/Manager)	
And	:	gray / L	(signature of Otticer/Member/Manager)	
		ACCEPTANO	E BY AGENT	
. Mark Coode		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ept this appointment as agent for the
ı, <u>Mark Goede</u>	(print/type agen	•	•	
corporation/organization/lin beverages conducted on the	nited liability comp e premises for the	any and assume fu corporation/organiza	Il responsibility for the conduction/limited liability company.	t of all business relative to alcoho
///Vow	gnature of agegl)	er _	January 28, 2015 (date)	Agent's age
231 Avon Street,	La Crosse,	WI 54603 idress of agent)		Date of birth _
	APPR:	OVAL OF AGENT B k cannot sign on be	Y MUNICIPAL AUTHORITY half of Municipal Official)	
I hereby certify that I have the character, record and r	checked municipal eputation are satis	and state criminal ref	cords. To the best of my know objection to the agent appoint	ledge, with the available information ted.
Approved on 1 30 15	by R	(signature of proper	Title	tourc Ct. 1
, - /		• •		

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) GOEDE		(first name) MARK		•	(middle name) DAVID		
Home Address (street/route)	Post Office	City		Is	itate Z	ip Code	
231 AVON STREET	Post Office		CROSSE	1	1	54603	
Home Phone Number 608-386-5222		Age Da	e of Birth	Place of Birth Spring Val			MN
The above named individual provides the	following information	as a nerson	who is (check or	aei.			
Applying for an alcohol beverage lice	-	-	With 15 [Circon G	,.			
A member of a partnership which is	•						
MANAGER (Officer/Director/Member/Menager/Ag		(Name (Corporation, Limited	الحالم (S Liability Company or	r Nonprofit Or	rganization)	
which is making application for an al	•						
The above named individual provides the	following information	to the licensi	ng authority:				
1. How long have you continuously resid	ded in Wisconsin prior	to this date?	27 years				
2. Have you ever been convicted of any							
violation of any federal laws, any Wis				ances of any co	unty		5 7
or municipality?						U Yes	X No
If yes, give law or ordinance violated,				date, descriptio	n and		
status of charges pending. (If more ro	om is needed, continue o	on reverse side	of this form.)			~	
3. Are charges for any offenses present	ly pending against you	/other than	raffic unrelated	I to alcohol bev	erages)		
for violation of any federal laws, any \	Misconsin laws, any la	ws of other s	tates or ordinal	nces of any cou	inty or		
municipality?						🔲 Yes	X No
If ves, describe status of charges per	ding.						
4. Do you hold, are you making applicat	ion for or are you an o	officer, directo	r or agent of a	corporation/nor	nprofit		
organization or member/manager/age	ent of a limited liability	company ho	lding or applyin	g for any other	alcohol		ca
beverage license or permit?				• • • • • • • • • • •		L Yes	X No
If yes, identify.			Type of License/Perm	1/21			
	•				ation or		
Do you hold and/or are you an officer member/manager/agent of a limited li	, director, stocknoider, ishility company holdir	, agent or em na oc annivint	n for a wholesal	le beer permit.	411011 01		
brewery/winery permit or wholesale li	ouer manufacturer or	rectifier pern	nit in the State	of Wisconsin?.		🗌 Yes	X No
If yes, identify.	400, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Toomie, poin		_		_	_
•	Vholesale Licensee or Permitte	e)		(Address B	y City and Co	tunty)	
6. Named individual must list in chronol							
Employer's Name	Employer's Address			Employed From	T	ò	
	163 Copeland A	Avenue, 1	La Crosse	06/2009	þ	.2/2013	
Employer's Name	Employer's Address			Employed From		io .	
Sloopy's Alma Mater	163 Copeland A	Avenue, 1	La Crosse	01/1991	0	6/2009	
					the force	oina annlicat	ion: that
The undersigned, being first duly sworn the applicant has read and made a comp	on oath, deposes and	d says that h	e/sne is the pe I that the answ/	rson nameo in ers in each inst	ance are	true and corr	ect. The
undersioned further understands that a	ny license issued con	itrary to Chai	oter 125 of the	Wisconsin Sta	itutes sna	ili de voio, an	a unaer
penalty of state law, the applicant may b	e prosecuted for subr	nitting false s	itatements and	affidavits in co	nnection	with this appl	ication.
				1	Δ		
Subscribed and sworn to before me			. 4		/ L	. 1	
this 28 day of January	, 20 <u>15</u>			// la /k/	1401	1 %	
Below C. James (Clorenciary Public)			Mark	oede ^{signaturo}	of Asmed Ind	ividual)	
•	BET:	SEY C FARM	EB LIGHTY	- 1/	/		
Notary Public							inted on
	State	e of Wiscons	in 🏲	•		Rec	ded Paper
AT-103 (R. 8-11)			•	•	W	isconsin Departmen	of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first nar	ne)	(middie	name)
MILLER	JACQUE	LINE	JEAN	
Home Address (street/route) 1007 WILSON STREET	Post Office	ONALASKA	State W.L	Zip Code 54650
Home Phone Number 608-783-3276	Age	Date of Birth	Fisce of La C	rosse,WI
The above named individual provides the	following information as a ne	rean who is (check or	ne)	
Applying for an alcohol beverage lice Applying for an alcohol beverage lice A member of a partnership which is MANAGER (Officer/Director/Manhous/Naneger/Age) which is making application for an alcohology	nse as an Individual. making application for an alc of <u>FREE BEI</u>		e. LLC	ofil Organizotian)
The above named individual provides the		iconsing authority:		
How long have you continuously restorated. Have you ever been convicted of any violation of any federal laws, any Wiscor municipality? If yes, give law or ordinance violated, status of charges pending. (If more reconstruction)	ed in Wisconsin prior to this offenses (other than traffic uponsin laws, any laws of any trial court, trial date and pens	date? 36 year nrelated to alcohol be other states or ordinately imposed, and/or of the state of	verages) for nices of any county	☐ Yes ເ No
Are charges for any offenses present for violation of any federal laws, any municipality? If yes, describe status of charges pen Do you hold, are you making applicat	Visconsin laws, any laws of o	ther states or ordinar	corperation/nonprofi	Yes 🖾 No
organization or member/manager/age beverage license or permit?				Yes No
 Do you hold and/or are you an officer member/manager/agent of a limited li brewery/winery permit or wholesale li If yes, identify. 	, director, stockholder, agent ability company holding or a	oplying for a wholesa	erson or corporation le beer permit,	
•	Inclesate Licensee or Permittee)		(Address By Chy :	and County)
6. Named individual must list in chronol	ogical order last two employers	rs.	Employed Fram	Ĭτο
Jackie Miller, Graphic		et, Onalaska	11/2009	present
Empoyer's Name Bruce Defries, Photogr	Employer's Address 901 South Fourth	Street,	Employed From 09/2005	10/2014
The undersigned, being first duly swom the applicant has read and made a comundersigned further understands that appendity of state law, the applicant may be	olete answer to each question	Chanter 125 of the	Wisconsin Statutes	shall be yold, and unde
Subscribed and sworn to before me this 28 day of January			au M	111 Es
Betsey C. Farmer	BETSEY C FARMER Notary Public	a ad the	Mil Vacantie of Mam	ed Indicasei)
My commission expires 05/01/20	L6 State of Wisconsin		,)	Printed on Recycled Paper
AT-103 (R. 8-11)	*** * -	V		Wisconsin Department of Reven