

Alcohol Beverage  
Appointment of AgentDate  
05/02/2025

## Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

La Crosse Lodge 1920 Loyal Order of Moose

2. Business Trade Name or DBA

Moose Lodge 1920

3. Entity Type (check one)

☐ Limited Liability Company☐ Corporation☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Trojanek

2. First Name

Connie

3. M.I.

L

4. Email

Mooselodge1920@gmail.com

5. Phone

(608) 788-2998

6. Home Address

2726 Shelby Road

7. City

La Crosse

8. State

WI

9. Zip Code

54601

10. Date of Birth

09181953

11. Drivers License/State ID Number

T6521125383805

12. Drivers License/State ID State of Issuance

WI

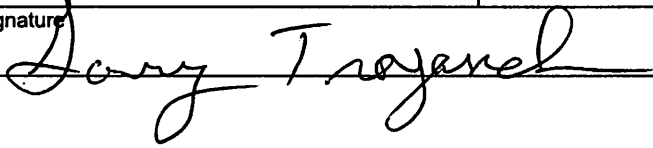
## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →


**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Trojanek		First Name Gary		M.I. L
Title President		Email Mooselodge1920@gmail.com		Phone (608) 788-2998
Signature 				Date 5/6/25

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Trojanek		First Name Connie		M.I. L
Signature 				Date 5/6/2025

AB 200  
Part B #5

**City of La Crosse, Wisconsin  
BEVERAGE OPERATORS LICENSE**

Class 2-Year      Name **CONNIE LEE TROYANEK**

Number **002614-2024**      Issued **7/1/2024**      Expires **6/30/2026**

Nikki Eisen, City Clerk

Renew on or before  
6/1/2026