License Check-Off Sheet





Name: BURGER FUSION COMPANY LLC
Trade Name: BURGER FUSION COMPANY
Address: 3800 STATE RD 16, SUITE FC-05
Council Meeting:
Type(s) of License: CLASS "B" BEER
Fire: HOLD / OK Pending Inspection
Health: HOLD / OK Inspection 4/28
Inspection: HOLD / OK Pending Inspection
Water: HOLD / OR
Municipal Court: HOLD / OK
Police: HOLD / OK
Attorney: HOLD / OK
HOLD OK Beer and/or Liquor Bills:
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax
HOLD / OK Training Course Completed (Individual/Partnership/Agent) Date: MATT Bostolia - Current Bartenders breeze
HOLD / OK WI Seller's Permit Number: 456-1028187600-02 Mailed from City Clerk's Office on:
Comments:

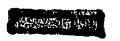
ORIGINAL ALCOHOL BEVE Submit to municipal clerk.	ERAGE RETAIL L	ICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number: Federal Employer Identification Number (FEIN):	
	APRILTI	20 14 :	LICENSE REQUESTE	D.
J 3	and the second and th	20 15	TYPE	FEE
ending	JUNE 30	20 1	Class A beer	S
	Town of		Class B beer	s 33.36
TO THE GOVERNING BODY of the	: Village of	A CKOSSE	Class C wine	S
0 1112 0012 1111110 2021 0 111	City of	, ,,,,,,		S
	X only or		Class A liquor	
County of LA CROSSE	Aldermanic Dist. No	 (if required by ordinance) 		S
, 4, 1,,,,,	peaks .		Reserve Class B liquor	\$
1. The named INDIVIDUAL	PARTNERSHIP >	UMITED LIABILITY COMPANY	Publication fee	s 20.00
	IONPROFIT ORGANIZATIO	1	TO TAL FEE	\$ 53.36
No. and				
hereby makes application for the alcoh	nd beverage licerse(s) the	oked above.		1 201011
Name (individual/partners give last nat COMPANY LLC				
An "Audiliary Questionnaire," Form partnership, and by each officer, dir liability company. List the name, title Title	rector and agent of a corp e, and place of residence of	oration or nonprofit organization, an each person. Name∴ Home	nd by each member/manager a Address Post	Office & Zip Code
President/Member OWUER	MATT		NG ST. 4509 LACA	osse, wi syl
Vice President/Member		Jerald.		
Secretary/Member_ DWMEA	TIMOTHY	NULARSEN 3304 GRE	ENSPIRELANK LA CI	2055E, WI 5460
Treasurer/Member DWNFA	MATT 5		RYCET STREET LA CI	WASE, WI 54601
Agent DOWNER	MAIT	A BOSHEKA 415 KI		2055E, W/ 5460,
, g., . ,	, , , , ,			, , , , , , , , , , , , , , , , , , , ,
Directors/Managers	- MID. 1 CA DA.		~ Nt	
3. Trade Name ▶ BURGER F	USTON WMPAN	DY Business F	Phone Number	5 .) . CIII M
4. Address of Premises > VALLEY	1 UIEW MALL, 3	800 STATE RO16 Post Office	& Zip Code > CA CROSS	E,W1 54601
Is individual, partners or agent of corp training course for this license period?	poration/limited liability comp ?	any subject to completion of the response	onsible beverage server	□ Yes ⊠No
6. Is the applicant an employe or agent of	of, or acting on behalf of any	one except the named applicant?	**************************************	
7. Does any other alcohol beverage reta		mittee have any interest in or control of	this business?	THE STREET STREET, STR
8. (a) Corporate/limited liability comp	any applicants only: Ins	ert state WI c. T and dat	e LA CROSSE, of registration.	· - \
(b) Is applicant corporation/limited lia	bility company a subsidiary	of any other corporation of ithited liab	Alley Cuit Dally	. 7014 × No
(c) Does the corporation, or any office	er, director, stockholder or a	gent or limited liability company or an	y member/manager or	
agent hold any interest in any oth	er alcohol beverage license	or permit in Wisconsin?	0020 lara F. 03/0	3.2014 04:47BM
agent hold any interest in any oth (NOTE: All applicants explain fully on	reverse side of this former	en YES enswer in sections 5 4097	TABURGER FUSION COM	PANT LLC
(14012 All applicans expain rully dr	neveroe olde a trao annev	dy 120 de evid in codida e de la code	I. The people and must include	
9. Premises description: Describe building	ng or buildings where alcoho	ol beverages are to be sold and stored	- Amount transcription	53.36
all rooms including living quarters, if u may be sold and stored only on the p	used, for the sales, service,	and/or storage of alcohol beverages a	IN PERLIPERTED (A)	IT AT COUNTER
may be sold and stored only on the p	remses described.) 300	on cooler, stores	WA	ZE-IN COOLER
Legal description (omit if street addre	ss is given above):			
11. (a) Was this premises licensed for th	ne sale of liquor or beer durin	ng the past license year?		165 🔨 140
(b) If yes, under what name was lice	nse issued?			
Does the applicant understand they n	nust file a Special Occupation	onal Tax return (TTB form 5630.5)		
before beginning business? [phone 1	1-800-937-8864]			.XYes No
13. Does the applicant understand a Wis	consin Seller's Permit must	be applied for and issued in the same	name as that shown in	2000
Section 2, above? [phone (608) 266-		~ · · · · · · · · · · · · · · · · · · ·		. Yes No
14. Does the applicant understand that the	now my let my irchaeo alcabal h	neverage only from Meconsin wholes	salers breweries and brewn ubs?	Yes No
READ CAREFULLY BEFORE SIGNING: Unde ladge of the signers. Signers agree to operate mother. (Individual applicants and each memb access to any portion of a licensed premises du	this business according to law er of a partnership applicant m	and that the rights and responsibilities of a sion compared officer(s), members/ma	conterred by the license(s), if grante anagers of Limited Liability Compani	es must sign.) Any lack of
SUBSCRIBED AND SWORN TO BEFORE	F () 1		^	
			C. Jusu	
this 284% day of Februa	CHRISTED	(Officer of Corporation	dember Manager of Limited Liability C	ompany/Partner/Individual)
9/1/-	321	13 Masz	72/5	
(Clerk/Notary P	Public) 7,77	(Officer of Corpora	tion/Member/Manager of Limited Liab	lay Company/Partner)
My commission expires 3-13-6	2016 CHRISTING CHRISTING	(Additional Partie	er(s)/Member/Manager of Limited Liab	ility Company if Any)
TO BE COMPLETED BY CLERK				
Date received and filed _ / 2.11 Date re	ported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
with municipal clerk $2/25/16$				
Date license granted Date license	ense issued	Licensenumber issued		
			Wisco	onsin Department of Revenue
KT-106 (R. 1-12)			111501	bettern the about the second second

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



Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper
To the governing body of: Village of Lawbsse County of Lawbsse
Russes Flising Common ILC
The undersigned duly authorized officer(s)/members/managers of Burger Fusion (ompany LLC (registered name of corporation/organization or limited liability company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Burger Fusion Company (trade name)
located at 3800 State Rd 16 FC-005
Mullan Alais Bashaka
(name of appointed agent)
415 King St Apt 509 Lacrosse WI 5460]
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/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). Lacrosse's Finest LLC - Lacrosse
Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 10 years
Place of residence last year
For: Burger Fusion Company 11C (name of corporation/organization/limited liability company)
(name of corporation/organization/limited liability company)
By: Cruth 5. June (signature of Officer/Member/Manager)
And: 11 auc
(signature of Officer/Member/Manager)
(signature of Officer/Member/Manager) ACCEPTANCE BY AGENT
(signature of Officer/Member/Manager)
ACCEPTANCE BY AGENT MATTHEW A BOSHCKA , hereby accept this appointment as agent for the
(signature of Officer/Member/Manager) ACCEPTANCE BY AGENT I. MATTHEW A BOSHCKO , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age 3 2
ACCEPTANCE BY AGENT I. MATTHEW A BOSHCK O , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.
ACCEPTANCE BY AGENT I. MATTHEW A BOSHCKO , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age 32 LID King St Apt 509 Date of birth
ACCEPTANCE BY AGENT I. MATTHEW A BOSTICK O , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Agent's age 32 LID King St Apt 509 [signature of agent) Date of birth APPROVAL OF AGENT BY MUNICIPAL AUTHORITY







Name: LA CROSSE BASEBALL LLC
Trade Name: LA CROSSE LOGGERS
Address: 800 COPELAND PARK DR
Council Meeting: 4-10-15/
Type(s) of License: ClassBBeer, Outdoor Cabaret
Fire: HOLD / OK
Health: HOLD / OK
Inspection: HOLD / OK
Water: HOLD / OK
Municipal Court: HOLD / OK
Police: HOLD / OK
Attorney: HOLD / OK
HOLD /OK Beer and/or Liquor Bills:
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax
HOLD /OK Training Course Completed (Individual/Partnership/Agent) Date:
HOLD / OK WI Seller's Permit Number: 456-0000287894-02 Mailed from City Clerk's Office on:
Comments:

CONTRACTOR OF STATE O

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Total Fee	00.07 \$
Publication Fee	\$ 20.00
Class B liquor	\$
Toupil A sastO [\$
Olass C Wine	\$
[X] Class B Beer	00.03 \$
Class A Beer	\$
License Type	Fee

ORIGINAL ALCOHOL BEVERAGE RETAIL APPLICATION

Federal Employee Identification Number: 75-3085074 Applicant Wisconsin Seller's Permit Number: 456-0000287894-02 For the license period: May 1, 2014 to October 30, 2014

I J CORPORATION/NONPROFIT ORGANIZATION 1. The Named [] Individual [] PARTNERSHIP [X] LIMITED LIABILITY COMPANY

2. Name (individual/partners give last name, first, middle; Corporations/Limited Liability Companies give registered name):▶

director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, LA CROSSE BASEBALL LLC

1610 LAKESHORE DR LA CROSSE WI, 54603

Business Phone Number: (608) 796-9553

Post Office & ZIP Code: ► LA CROSSE, WI 54603

Post Office & ZIP Code

List the name, title, and place of residence of each person.

President/Member: DANIEL EDWARD KAPANKE 1610 LAKESHORE DR LA CROSSE WI, 54603 Title Home Address

Secretary/Member: Vice President/Member: ALICE RUTH KAPANKE

Agent: ► DAVIEL EDWARD KAPANKE 1610 LAKESHORE DR LA CROSSE WI, 54603 Treasurer/Member:

Directors/Managers: NONE

4. Address of Premises: ► 800 COPELAND PARK DR 3. Trade Name: ► LA CROSSE LOGGERS

Description of Beer Garden (If Applicable):

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for

6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? this license period?

8. (a) Corporate/Limited Liability Company applicants only: Insert state WISCONSIM and date 11/1/2002 of registration 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?

(b) le applicant corporation/limited liability company a subaidiary of any other corporation or limited liability company?

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold

(NOTE: All applicants explain fully on reverse side of this form for every YES enswer in sections 6, 7 and 8 above. any interest in any other alcohol beverage license or permit in Wisconsin?

Description of Storage Area: Within refrigerated trailers and refrigerators in both concession areas. All of this storage is within fenced area. stored only on the premises described.) Description of Sales/Service Area: South end of Copeland Park inside fenced area of baseball complex. including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and 9. Premises description: Describe buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms

(b) If yes, under what name was license issued? 10. (a) Was this premises licensed for the sale of liquor or, beer during the past license year?

(b) If yes, under what name was license issued?

[pone 1-800-937-8664] 11. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business?

12. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above?

[bhone (608) 266-2776]

13. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

applicants and each member of a partnership applicant must signs composed efficer(s), members/managers of Limited Liability Company lack of access to any portion of a license.

Subscribed bremise during inspection will be deemed a refusal to permit inspection, and the subscribed branch of this license.

Character of Cerporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Clerk/Notary Public)

(Clerk/Notary Public)

(Additional Partner(s)/Members/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Members/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Members/Manager of Limited Liability Company/Partner) applicants and each member of a partnership applicant must sign, composed officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the licensee(s), if granted, will not be assigned to another. (Individual READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the

Date reported to council/board

Date received and filed S-7.1/ With municipal clerk

Date license issued

X LES (N NO

[] YES NO

[] YES NO

I JAES X NO

I JAES X NO

M LES [] NO

WYYES [] NO

X LES [] NO

(YES [] NO

Signature of Clerk / Deputy Clerk

License number issued

Date license granted

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LLC

All corporations/orgainzations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local offical.

The unders	igned duly authori	ized officer(s)/members/managers of		LAC	ROSSE BASEBAL	L, LLC	
				(registere	d name of corpor	ation/organization or LLC)		
corporati	on/organization or	limited liabil	ity company making applica	tion for an alcoho	l beverage li	cense for a permis	es known a	s
			LA CRO	OSSE LOGGERS				
			(trade name)					
ocated at	1225 CALEDON	NIA ST, LA	CROSSE WI 54603					
						KAPANKE		
ppoints	DANIE (first name		EDWARD full middle name	last name of appo		KAPANKE		
	(mat name			add that to or oppo			14/1	E4602
			AKESHORE DR			ROSSE	WI	54603-
	(home address of appo	ointed agent:	street address			city	state	zip code)
ow long in	mmediately prior to	o making thi	of the responsible beverage s application has the applica	ant agent resided		Yes V No		
lace of re	sidence last year		ESHORE DR, LA CROSSE					
		For:		LA CROS	SSE BASEB	ALL, LLC		
		By:	(signature of (s	President/Member) Secretary/Member)	ipa	nle	Date:	3/7/14
			ACCEPT	ANCE BY AG	ENT			
	DANIEL		EDWARD	KAPANKE		, hereby accept	this appoint	tment as agent fo
	(first name)		(full middle name)	(last name)				
e corpora	on the premises for	limited liabili or the corpor	ty company and assume full ation/organization/limited lia	responsibility for ability company.	the conduct	of all business rela Agent's age Date of birth	66 6/21/194/	hol beverages
	1610 LAKESHO	DRE DR	LA CROSS	E WI	54603	Daytime phone	608-792-1	1897
	(home address	s)	(city)	(state)	(zip code)		SWADDINGS A	
hereby ce			APPROVAL OF AGEI (Clerk cannot sign	on behalf of Mu	nicipal Offi	cial)	able inform	ation, the charact
	reputation are sat		d I have no objection to the	agent appointed.				

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License Check-Off Sheet



Name: <u>CASS</u>	BAR ENTERPRISE LLC
Trade Name:	SS BAR
Address: 620	CASS ST
Council Meeting:	41-10-2014
Type(s) of License: _	Combination "Class B" Beer & Lique
Fire: HOL) / oк
Health: HO	old 1 ok Waiting for preinspection
Inspection:	HOLD /(OK)
Water: HO	OLD / OK
Municipal Co	ourt: HOLD / OK
Police: HO	LD / OK
Attorney:	HOLD / OK
HOLD OK	Beer and/or Liquor Bills:
HOLD / OK	Taxes - Personal Property ONLY and/or Room Tax
MOLD OK	Training Course Completed (Individual/Partnership/Agent) Date:
HOLD OK	WI Seller's Permit Number: Mailed from City Clerk's Office on:
Comments:	

			V-7 <u>N-</u>	<u>. il</u>
ORIGINAL ALCOHOL BEVE	RAGE RETAIL L	ICENSE APPLICATION	Applicant's Wisconsin Seller's Permit Number:	
	. 1			1.7.4
Submit to municipal clerk.	1 . 1 118h	14/	Federal Employer Identification Number (FEIN): 46-480	
For the license period beginning //	pcil //	20 <u>/ 7</u> :	LICENSE REQUESTED	
ending <u>-</u> -t	une 30gg	20 /2/	TYPE	FEE
_	☐ Town of 🦠	•	Class A beer	100000
TO THE COVERNING BODY of the			Class B beer	\$25.02
TO THE GOVERNING BODY of the:			Class C wine	\$
	City of		Class A liquor	\$
County of Lacrosce	Aldermanic Dist. No	. (if required by ordinance)	Class B liquor	\$ 125.01
County of Cultures	_ / 1100111101110 01011 110	(Reserve Class B liquor	 \$
1. The named INDIVIDUAL	☐ PARTNERSHIP · D	LIMITED LIABILITY COMPANY	Publication fee	\$ 20.00
	ONPROFIT ORGANIZATIO		TOTAL FEE	\$170.03
			CUTTOMER#164215	
hereby makes application for the alcoh				,
2. Name (individual/partners give last name	ne, first, middle; corporation	ns/limited liability companies give regis	stered name):	116
		Cass Bar	Enter Prise	,
An "Auxiliary Questionnaire," Form partnership, and by each officer, directly liability company. List the name, title Title President Member O LUNC Vice President/Member Secretary/Member	ector and agent of a corp , and place of residence of	oration or nonprofit organization, as each person. Name **Evaluation** **Ev	nd by each memberimanager and	a agent or a limited
Treasurer/Member				
Agent ▶				
Directors/Managers				
3. Trade Name Casc	Lan	Rusiness I	Phone Number	-707-6570
	De Pacc		e & Zip Code > 540	71
4. Address of Premises ▶ <u>6</u> 2		-		
5. Is individual, partners or agent of corpo	oration/limited liability comp	eany subject to completion of the response	onsible beverage server	500
training course for this license period?				
6. Is the applicant an employe or agent o	f, or acting on behalf of any	one except the named applicant?		☐ Yes No
7. Does any other alcohol beverage retai	l licensee or wholesale pen	mittee have any interest in or control o	of this business?	☐ Yes 🌠 No
8. (a) Corporate/limited liability compa	any applicants only: Inse	ert state and dat	e of registration.	
(b) Is applicant corporation/limited liab	pility company a subsidiary	of any other corporation or limited liab	oility company?	☐ Yes Д No
(c) Does the corporation, or any office	er, director, stockholder or a	gent or limited liability company, or an	y member/manager or	
agent hold any interest in any other	er alcohol beverage license	or permit in Wisconsin?		. ☐ Yes
(NOTE: All applicants explain fully on I				/-
9. Premises description: Describe buildin				
all rooms including living quarters, if us may be sold and stored only on the pro	sed, for the sales, service, emises described.)	and/or storage of alcohol beverages a	nd records. (Alcohol beverages	ack Storage
Legal description (omit if street addres		rause. Noter 50 feet of a	one story building. Deur	age Lover and struckly
11. (a) Was this premises licensed for the	sale of liquor or beer durin	g the past license year?		Yes No No Six
(b) If yes, under what name was licen	se issued?//////	leser Estate	5,66	
12. Does the applicant understand they m before beginning business? [phone 1-	800-937-8864]			(X Yes ₹ □ (200 € 11 = 1
13. Does the applicant understand a Wisc	onsin Seller's Permit must	be applied for and issued in the same	name as that shown in	
Section 2, above? [phone (608) 266-2	776]			Yes - No - Ti
14. Does the applicant understand that the	ey must purchase alcohol b	everages only from Wisconsin wholes	salers, breweries and brewpubs?	. Pat Yes ⊋ □ No ∄ ⊞ 示
READ CAREFULLY BEFORE SIGNING: Under	**************************************	Annicant States that each of the above ou	estions has been truthfully answered t	n the best of the know! $\stackrel{\square}{\vdash}$
edge of the signers. Signers agree to operate the	his business according to law	and that the tights and responsibilities c	onferred by the license(s), if granted,	will not be assigned to 5
another, (Individual applicants and each membe	r of a partnership applicant mu	ust sign; corporáte officer(s), members/ma	anagers of Limited Liability Companies	man and mile and makings the Na
access to any portion of a licensed premises dur	ing inspection will be deemed	agefusal to permit inspection. Such refusa	al is a misdemeanor and grounds for re	vocation of this licenses 1 1
SUBSCRIBED AND SWORN TO BEFORE	111	AMERIN -	0. 11 1	/ M_==
this 2 6 9th day of Mine	2/1 3 CHRIST	ح المعرف الأن المعرف الراء المعرف	Chore- Wille	M # 8 #
	- 3/1	Officer of Corporation/N	Momber/Manager of Limited Liability Com	npany/Partner/Individual 🗎 🛧
				70 -
(Clark/Notary Pu	DOLL THE OF	W 15 Corpora	tion/Member/Manager of Limited Liability	
My commission expires $3-13-6$	2016 "hum	(Additional Partne	or(s)/Member/Manager of Limited Liability	y Company if Any)
TO BE COMPLETED BY CLERK			-	(7 <u>1</u> 2
Date received and filed _ / Date repo	orted to council/board	Date provisional license issued S	ignature of Clerk / Deputy Clerk	- 1
with municipal clark 3/26/14				. Z
Date license granted Date licen	nse issued	License number issued		ည် မို
AT-106 (R. 1-12)		<u> </u>	14500000	in Department of Revenue

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

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating

Submit to municipal clerk.

(town chair, village president, police chief)	(date) (signature of proper local official)
Title 18 Lice Chief	Through the value on 3/36/E no bevorage
	e character, record and reputation are satisfactory and I have no objection to th
nest of my knowledge, with the available information,	hereby certify that I have checked municipal and state criminal records. To the b
	APPROVAL OF AGENT BY MUNICIPAL (Clerk cannot sign on behalf of Munici
1 1-	(hoese so associate)
Date of birth	14/436 Grandla Fel, Tonch WE 59660
OC ege s'inepA (e)se	(linege to etutenie)
25	6/5 9 00 1/1 / dl/ 1/20 18
	sverages conducted on the premises for the corporation/organization/limited liat
for the conduct of all business relative to alcohol	orporation/organization/limited liability company and assume full responsibility
. hereby accept this appointment as agent for the	CTECMIN CHIROLOGIE SGENI'S NEME)
	ACCEPTANCE BY AGENT
(уөвирекуменир	:bnA
(neganaMinedmem)	leofito to enutangis)
δ	Je CHIZA KHADA K
大 (C (ispliity company)	2 SSIDOGINA SIMES SSMD :107
21	
021/22 IM 5-4/60	ace of residence last year /4/2/3 6 Chronold 12d, 10
ed continuously in Wisconsin?	ow long immediately prior to making this application has the applicant agent resid
	applicant agent subject to completion of the responsible beverage server training
ηγ(ies) and municipality(ies).	Yes 🔀 No If so, indicate the corporate name(s)/limited liability compar
	ganization/limited liability company having or applying for a beer and/or liquor lice
	alcohol beverages conducted therein. Is applicant agent presently acting in that
	act for the corporation/organization/limited liability company with full authority an
	(home address of appointed agent)
299hS IT	1 9 50 7/7/7/
	etiniogo Stand Engene 3/1/2010de
	TS 22 CA2) te belso
	STAS 22 AS
on when accounted to the actions of allowed letter	corporation/organization or limited liability company making application for an alco
ame of corporation/organization or limited liability company)	o singersigned duly authorized officer(s)/members/managers of
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	į, citγ į, citγ
XCOOD 527 10 hupon	of the governing body of: Uvillage of Lacks
County of La Chassic	nwoT \rightarrow 30.25 \righta
	cal official.
any and the recommendation made by the proper	nor must appoint an agent. The following questions must be answered by the age the corporation/organization or members/managers of a limited liability comp
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Agent Change Check Off Sheet

CITY OF LA CROSSE, WI General Billing - 114170 - 2014 000568-0069 Tara F. 03/20/2014 02:21PM 3435 - KWIK TRIP INC

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

18,00

Submit to munici	pal clerk.						ALC:
liquor must appoi	int an agent	. The following	g questi	ompanies applying for a ons must be answered b nagers of a limited liab	y the agent. The appo	intment must be	signed by the officer(s)
		Town		City of La Crosse		La Cros	se
To the governing	body of	Village	of		County	of	
		City					
The undersigned	duly autho	orized officer(s	s)/memb	pers/managers of	Kwik Trip, Inc.		nited liability company)
a corporation/org	anization o	r limited liabili	y comp	any making application f	or an alcohol beverag	e license for a pr	emises known as
50.20.20 C 50			wik Tr				
		NAME OF TAXABLE	arms among	(trade name)			
located at	530 W	vest Ave. N.	, La Cr	rosse, WI 54601			
	Patric	k Schippers					
appoints				(name of appointed	agent)		
	901 P	acker Dr., I	Iolmen	, WI 54636			
				(home address of appoin			
to alcohol bevera	ages condu	cted therein. I	s applic	ility company with full au cant agent presently action oplying for a beer and/or	ng in that capacity or	requesting appro	val for any corporation/
	No If so	o, indicate the	corpora	ate name(s)/limited liabili	ty company(ies) and r	nunicipality(ies).	
Agent o	f Kwik Tr	rip #643, On	alaska	, WI until new agent	appointment appr	oved.	
Is applicant ager	nt subject to	completion o	f the res	sponsible beverage serve	er training course?	Yes L	No
				ation has the applicant ag			Since 1990
Tiow long infined	nately prior					ony in vinconioni	
Place of residen	ce last yea	901 Pa	cker D	or., Holmen, WI 5463	36		
	For	. Kwik T	rip, In	ic.			
	, ,,		24	name, of corporat	ion/organization/limited liab	ility company)	
	Ву		44	USAA	·		
	And	. //	4,	rul / geignard	re of Officer/Member/Mana	ger)	
	And	14	ju	(signatu	of Officer/Member/Mana	ger)	
				ACCEPTANCE BY	ACENT		
		Datulal: Cal					
1,		Patrick Sci	appers		, hereby	accept this appo	intment as agent for the
corporation/orga beverages gond	anization/lin	nited liability	compan	y and assume full resp progration/organization/li	consibility for the con mited liability compar	duct of all busing.	ess relative to alcohol
Milie	h	My anatura of against	rps		3-12-14	Agent's	age48
901 F	acker Dr.	gnature of agent. Holmen	VI 546	536	10017/	Date of	birth
		(he	me addre	ess of agent)		Date of	Oliter
				'AL OF AGENT BY MUI annot sign on behalf o			
		checked muni	cipal an	nd state criminal records story and I have no object the last of t	To the best of my kr	nowledge, with the ointed.	e available information, Lie A

y a refresh

Agent Change Check Off Sheet

- 1 1 1/ - #n//
Trade Name: Kwill Trip #761
Address: 506 CASS ST
Council Meeting:
Municipal Court: HOLD / OK Police: HOLD / OK
HOLD IOK Training Course Completed: Date: Current Agent in We
Comments:



Wisconsin Department of Revenue

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

Submit to municipal clerk. All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official. City of La Crosse To the governing body of: Village City The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (registered name of corporation/organization or limited liability company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 761 (trade name) 506 Cass St., La Crosse, WI 54601 located at Terry L. Johnson appoints (name of appointed agent) 205 Grant St., Holmen, WI 54636 (home address of appointed agent) to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). wit Trip 350 in Onalaska until new agentap Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 205 Grant St., Holmen, WI 54636 Kwik Trip, Inc. For: of corporation/organization/limited liability company) ACCEPTANCE BY AGENT Terry L. Johnson __, hereby accept this appointment as agent for the (print/type agent's name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Date of birth (home address of agent) APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) 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 bave no objection to the agent appointed.

AT-104 (F. 4 CO)

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