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. ☐ Town City of La Crosse ☐ Village To the governing body of: Kwik Trip, Inc. The undersigned duly authorized officer(s)/members/managers of _ (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 816 (trade name) 3130 State Rd., La Crosse, WI 54601 located at Robert A. Goodell appoints (name of appointed agent) 640 Angel Ct., 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? No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent Kwik Trip 311 until new agent approved. Is applicant agent subject to completion of the responsible beverage server training course? Since fall 1997 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year 640 Angel Ct., Holmen, WI 54636 Kwik Trip, Inc. corporation/organization/limited liability company) ACCEPTANCE BY AGENT Robert A. Goodeli ____, 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. 4-14-15 (dato) Agent's age _____ 640 Angel Ct., Holmen, WI 54636 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 I have no objection to the agent appointed.

4/20/15 Approved on _