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

0 1 4					CONTRACTOR OF
Submit	to	mailin	mina	0	DEV

Submit to munic	cipai cierk.					A Barre
liquor must app	ointan agen	t. The following	bility companies applying to questions must be answer ers/managers of a limited	ed by the agent. The appo	ointment must be signed	d by the officer(s)
iodai omoiai.		Town	La Crosse		La Crosse	
To the governing	ng body of:	☐ Village ☐ City	of	County	y of	
The undersions	بما جار بار بار ام	delegat officer(e)	(minush non/monnes n <b>e</b>	Kwik Trip, Inc.		
The undersigne	ed duly auth	Jilzed Officer(s)	/members/managers of _	(registered name of corpora	tion/organization or limited lia	bility company)
a corporation/or	rganization o	or limited liability	company making applicati	ion for an alcohol beverag	ge license for a premise	s known as
		Kwi	k Trip 826			
located at	4605 1	Mormon Cou	lee Rd., La Crosse, WI			
appoints	Bradl	ey M. Litwin				
	W669	87 Reef Rd. (	(name of appoint	nted agent)		
1	******	or Reel Rai,	(home address of a	ppointed agent)		
to alcohol beve	rages condu	ucted therein. Is	ed liability company with fu applicant agent presently g or applying for a beer and	acting in that capacity or	requesting approval for	r any corporation/
Yes Y	No Ifs	o, indicate the	corporate name(s)/limited li	ability company(ies) and i	municipality(ies).	
la applicant sas	ant aubicat to	a completion of	the responsible beverage s	convertraining course?	□Yes □No	
01110 V550						All my life
How long Imme	ediately prior	to making this	application has the applica	nt agent resided continuo	usiy iii vviscorisiiii	
Place of reside	nce last yea	w6687	Reef Rd., Onalaska, V	VI 54650		
	Fo	. Kwik T	rip, Inc.			
	FO			poration/organization/limited liai	bility company)	
	В	y:	retil /			
	•		1/4/11/1	gnature of Office Member Manu	ger)	
	And	d:/	11 0000	ignation of OfficeliMamper/Mane	ager)	
			ACCEPTANCE	BYAGENT		
1,	Bradle	y M. Litwin	0	, hereby	accept this appointme	nt as agent for the
corporation/org	ganization/lir	mited liability c	egent's name) ompany and assume full	responsibility for the con	nduct of all business r	relative to alcohol
beverages con	ducted on ti	ne premises for	the corporation/organizat	ion/limited liability compa	ny.	
1200	9	Lill.		10-5-15	Agent's age_	
1	(5	ignature of agent)		(date)		
W6687 I	Reef Rd., C	Onalaska, WI	54650 me address of agent)		Date of birth_	
			PPROVAL OF AGENT BY Clerk cannot sign on beh			
I harabu sastif	that I have		cipal and state criminal rec			illable information
the character,	record and	reputation are s	satisfactory and I have no	objection to the agent app	pointed.	
Approved on _		by	(signature of proper k		Title	eresident, police chief)
	(dete)		(signature of proper lo	ocai OTIICIAI)	(lown chair, village p	nealders, police chief)
AT-104 (R. 4-09)					Wisconsin	Department of Revenue