

Submit to municipal clerk.

AT-104 (R. 4-09)

Cabiliti to mameipar ciont.						
All corporations/organization liquor must appoint an agent of the corporation/organizat local official.	t. The following questions tion or members/manag	s must be answered gers of a limited lia	by the agent. Tability company	The appointm y and the rec	ent must be s ommendatio	signed by the officer(s) n made by the proper
To the governing body of:	☐ Village of	La Cross				
The undersigned duly autho	rized officer(s)/members	s/managers of	(registered name	OR La of corporation/or	Cros. ganization or lim	Senited liability company)
a corporation/organization or	7	making application Honso			ense for a pre	emises known as
located at 3800 /u	Disconsin 16	5, Ste 148	LaC	rosse,	WI	54601
appoints		sh Pos	T			
	4/2 Main			5460	/	
to act for the corporation/org to alcohol beverages conduc organization/limited liability of	cted therein. Is applicant	agent presently act	ting in that cap	acity or reque	esting approv	val for any corporation/
Yes No If so	, indicate the corporate r	name(s)/limited liabi	lity company(ie	es) and munic	ipality(ies).	
Is applicant agent subject to	completion of the respor	nsible beverage sen	ver training cou	ırse?	Yes 🔀	No Agent For Fa
Is applicant agent subject to How long immediately prior t	o making this application	has the applicant a	gent resided c	continuously ir	Wisconsin?	15 years
Place of residence last year		Some				
For:	-	TRICOR	La Ci	-055e		
By:	P	(narrie of corpora	hos	limited liability co	mpany)	
And:		Suiak	ture of Offider/Men			
		(signa	ture of Officer/Men	mber/Manager)		
1. Tosh	Post (print/type agent's name	ACCEPTANCE B		, hereby acce	pt this appoi	ntment as agent for the
corporation/organization/lim beverages conducted on the	ited liability company as premises for the corpo	nd assume full restration/organization/	sponsibility for limited liability	the conduct company.	of all busin	ess relative to alcohol
	gnature of agent)		9/24/15 (date)		Agent's	age
// /.	1am St L.C. (home address o	risk WI fagent)	54601		Date of I	oirth
	(Clerk cann	OF AGENT BY MU not sign on behalf	of Municipal	Official)		
I hereby certify that I have of the character, record and re	hecked municipal and s eputation are satisfactor	tate criminal record y and I have no obje	s. To the best ection to the a	of my knowle gent appointe	edge, with the ed.	available information,
Approved on(date)	by	signature of proper local	official)	Title	(town chair, vi	llage president, police chief)

Wisconsin Department of Revenue