## **Agent Change Check Off Sheet**

Agent Name: Michael Lukasek
Trade Name: Kwik Tizi? 2750
Address: 4825 MOZMON COLLER 72d
Council Meeting: Sept. //
Municipal Court: HOLD / OK
Police: HOLD / OK
HOLD / OK Training Course Completed:
Date: <u>(a/27/14</u>
Comments:



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

Submit to municipal clerk.

liquor must	appoint an ag oration/organi	ent. The fo	illowing quest	ions must be answe	ered by the age	ent. The appointme	malt beverages and/ ent must be signed b ommendation made	y the officer(s)
local onicia		□ To:	wn	City of La	Crosse		La Crosse	
To the gove	erning body of	t ∏ Vil ☐ Cit	lage of _	City of La		County of _		
<b>-</b> 1		_	•	<i> </i>	Kwik	Trip, Inc.		
i ne unaers	signed duly au	tnorizea o	mcer(s)/mem	bers/managers of _	(registered r	name of corporation/org	anization or limited liabili	y company)
a corporation	on/organizatio	n or limited	I liability comp	pany making applica	ation for an alo	ohol beverage lice	nse for a premises k	лоwn as
	K	wik Trip	750					
located at _	(trado namo) 4828 Mormon Coulee Rd., La Crosse, WI 54601							
	Mike C. Lukasek							
appoints _			·	(name of appo	ointod agent)			
N1576 Hagen Rd., La Crosse, WI 54601								
				(home address of	appointed agent)			
to alcohol b	everages con	ducted the	erein. Is applic	cant agent presently	y acting in that	capacity or reque	emises and of all bu sting approval for a location in Wisconsi	ny corporation/
Yes	No 1	f so, indica	ite the corpora	ate name(s)/limited	liability compa	ny(ies) and munici	pality(ies).	
How long in		or to makir	ng this applica	sponsible beverage ation has the application has the application has the application has been seen as the sponsor of the second seen as the second second seen as the second seco	ant agent resid	led continuously in	es Mo J Wisconsin?	uly 2014
	F	or: K	wik Trip, Ir	_				
		ву:	Jest			ation/limited liability cor	mpany)	
		_ 4.	//9/		signaturo di Office	r/Member/Manager)		
	,	ind:	41	U DECE	signayare of Office	r/Momber/Manager)		
<del></del>				ACCEPTANC	E DY ACENT			<del></del>
		Michae	d C. I. who so	ACCEPTANC	E DI AGENI			
١,			el C. Lukase			, hereby accep	ot this appointment a	is agent for the
				ny and assume full prporation/organiza			of all business rela	tive to alcohol
Mi	1.0	D. h.			71.	23/14	A	
N15	76 Hagen R	signature of d., La Cr	ragent) OSSE, WI 54	601		dalo)	Agent's age	
	<del></del>	<del>-</del>	(home addre	ess of agent)			Date of birth	
			APPROV	AL OF AGENT BY				
	ter, record and	d reputatio	l municipal ar n are satisfac	<del>-</del>	cords. To the t	est of my knowled	dge, with the availab	ole information,
Approved o	on 8 5/11	<u>1</u> by	Ar /	burld 1.		Title _	<u> Patrie Chi</u>	4
	(đate)		•	(signature of proper )	ocal official)		town chair, village presid	топъронов стіві)