Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

muet anno	nint an agent T	he following are	stions must be answered	by the agent. The appointme	nt must be signed by an officer of the dation made by the proper local official.
	verning body o	Town	of La Crosse		La Crosse
W What is a second as			nember/manager of KW	IK TRIP, INC.	
The unde	rsigned duly at	unonzea omcer/r	nember/manager or	(Registered Name of Corporation	/ Organization or Limited Liability Company)
a corporat	tion/organizatio	n or limited liabilit	y company making applic	ation for an alcohol beverage	license for a premises known as
	Kwik Trip				
2000		0	. (Trade	Name).	
ocațed at	71 Copeland	Ave., La Crosse, V	VI 54603		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	India J. Rost				
appoints	Ilidia J. Rosi	au	(Name of Ap	pointed Agent)	
	809 Starlite	Dr., Holmen.	W1 54636		* ***
			(Home Address o	f Appointed Agent)	
to alcohol	l beverages con ion/limited liabil	nducted therein. I ity company havi	s applicant agent present ng or applying for a beer a	and/or liquor license for any of	
Yes	. No			l liability company(ies) and mu	inicipality(ies).
e applica	nt agent subjec		The second secon	e server training course? [Yes No
is applica	in agent subject	i to completion o	continuition has the annie	cant agent resided continuous	ly in Wisconsin? Since 1997.
Place;of r	residence last y	ear 809 Starlit	e Dr., Holmen, WI 5463	36	
		For: KWIK T	סדם דאור		
		roi. KWIK II	Washe of Se	gorgion / Organization / Limited Liab	ility Company)
		By: _ 5 ~	H P Ell	Signature of Officer / Member / Manag	ger)
Any perso \$1,000.	on who knowing	gly provides mate	rially false information in a	an application for a license ma	y be required to forfeit not more than
			ACCEPTANG	CE BY AGENT	3,710 4.7
		India l	. Rostad	hereby a	ccept this appointment as agent for th
100		(Print / Typ	e Agent's Name)		
corporation	on/organization	n/limited liability n the premises fo	company and assume functions of the corporation or the corporation or the corporation of	Ill responsibility for the cond ation/limited liability company	uct of all business relative to alcoh
1	·M			4/25/23	Agent's age 27
			ure of Agent)	(Date)	Date of birth
809 Star	lite Dr., Holm	en, WI 54636	ome Address of Agent)		Date of birti
		A	PPROVAL OF AGENT E Clerk cannot sign on b	Y MUNICIPAL AUTHORITY chalf of Municipal Official)	
I hereby the chara	certify that I ha	ve checked muni	icipal and state criminal re		wledge, with the available information inted
Annroved	d on	bv		, T	(Town Chair, Village President, Police Chie
, 4pp, 0000	(Date		(Signature of Prope	r Local Official)	(10wn Chair, Village President, Police Chil
AT 404/P FA			·:	The second second second	Wisconsin Department of Rever