

Agent Change Check Off Sheet

Agent Name: Sharon Kay Lueck

Trade Name: Dewey's Side Street Saloon

Address: 621 St. Paul St.

Council Meeting: June 12, 2014

Municipal Court: HOLD / OK

Police: HOLD / OK

HOLD / OK

Training Course Completed:

Date: Current Agent @ Adams St. Pub

Comments:

- Remainder of the year 2013-14

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

Payment Amount: 10.00

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.

To the governing body of: Town Village City of La Crosse County of La Crosse

COPY

The undersigned duly authorized officer(s)/members/managers of Slam of La Crosse LLC
(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 Dewey's Side Street Saloon
(trade name)

located at 621 St. Paul St.

appoints Sharon Kay Lueck
(name of appointed agent)
1740 La Fond Ave, La Crosse WI 54603
(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?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Adam Street Inc. db/a Adams Street Pub - La Crosse

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 67

Place of residence last year La Crosse

For: Tara Accaron
(name of corporation/organization/limited liability company)

By: Kathy S. Miller
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Sharon Kay Lueck, 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.

Sharon Lueck 5/27/14 Agent's age _____
(signature of agent) (date)
1740 LA FOND AVE 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.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)