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

Submit to municipal clerk.

liquor must of the corp	appoint an a oration/orga	agent."	The following	a auesti	ons must be ans	swered by the a	gent. The appointme	malt beverages and/or intoxic ent must be signed by the offic ommendation made by the p	cer(s)	
local officia	ıl.	1	Town							
To the gove	erning body	of:	☐ Village ☐ City	of	City of La	Crosse	County of _	La Crosse		
The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (registered name of corporation/organization or limited liability company)										
						· -				
a corporation	on/organizat	ion or I	imited liabilit	ty comp			lcohol beverage lice	nse for a premises known as		
				507	(tra	Trip 829 de name) Crosse Wi	1 54603			
located at	Joshua J. Lancour									
appoints										
	(name of appointed agent) 213 4 th Ave. S., Onalaska, WI 54650									
•	(home address of appainted agent)									
to alcohol b	beverages c	onduct	ed therein. I	ls applic	ant agent prese	ntly acting in th	nat capacity or requi	remises and of all business re esting approval for any corpo location in Wisconsin?	elative ration/	
Yes	No No	If so,	indicate the	corpora	ate name(s)/limit	ed liability com	pany(ies) and munic	sipality(ies).		
							ing course?	Yes X No		
					sponsible bever			97 Since 199) 0	
How long it	mmediately	prior to	making this	applica	ation has the app	olicant agent res	sided continuously i	n Wisconsin?		
Place of re	sidence las	t year	213 4 th	Ave.	S., Onalaska	, WI 54650				
		For:	Kwik T	Γrip, In	ıc.					
) /	ompo Dogmo	of corporation/orga	nization/limited liability co	ompany)		
		By:		nal	1 & fee	Eloy 1	ficer/Mamber/Manager)			
				4/m	6//////	A Pro-	ксепмотрепманиден)			
		And:			Epg. W. 14	(signature of Off	ficer/Member/Manager)			
			· · · · · ·		ACCEPTA	NCE BY AGEN	IT			
1		Jo	shua J. L	.ancou	ır		hereby acce	ept this appointment as agent	for the	
'1			(print/type	e agent's	name)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p		
corporation	n/organization	on/limil	ed liability	compan	ny and assume orporation/organ	full responsibilization/limited	lity for the conduct liability company.	of all business relative to a	alcohol	
		<i></i>	1			9/14	179018	Agent's age		
		(Sign	sture of agent)				(date)	, .g		
213 4 th Ave. S., Onalaska, WI 54650							Date of birth			
			(he	ome addre	ess of agent)					
			A	PPROV	AL OF AGENT	BY MUNICIPA behalf of Mun	AL AUTHORITY licipal Official)			
I hereby co the charact Approved of	ter, record a	nave chand rep	necked muni	icipal ar	nd state criminal	records. To th		edge, with the available informed. Police Wief (town chair, village profitent, police)		