Form AB-101

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)				
☑ Original (no fee) ☐ Successor (\$10 fee for m	unicipal licer	sees only)		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
WAL-MART STORES EAST, LP				
2. Business Trade Name or DBA				
WALMART #5127				
3. Entity Type (check one)				
☐ Limited Liability Company	√] Corporation	□ Nonprofit Organiz	zation
4. Alcohol Beverage Business Authorization (check one) ✓ Municipal Retail License	5. If successo	r agent, provide Stat	e Permit or Municipal Retail L	icense Number
6. Describe the reason for appointing a successor agent, if successor	is checked at	ove.		
3 3 3	@ (MONTHER)			
		i i		
Part B: Agent Information			11.	
4.1.131	2. First Name			3 M I
4.1.131	2. First Name JOHN			3. M.I.
1. Last Name			5 Phone	3. M.I.,
1. Last Name DEVER 4. Email			5. Phone	C
1. Last Name DEVER				V:00207
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com				C
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N	JOHN		(608)	C
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City	JOHN 8. State	9. Zip Code	(608) 7	C
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City ONALASKA	JOHN	9. Zip Code 54650	(608) 7	C 769-6923
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1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City ONALASKA 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training	JOHN 8. State WI	9. Zip Code 54650 12. Drivers Lice WI	10. Age 4 7 nse/State ID State of Issuance	C 769-6923
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City ONALASKA 11. Drivers License/State ID Number	JOHN 8. State WI	9. Zip Code 54650 12. Drivers Lice WI	10. Age 4 7 nse/State ID State of Issuance	C 769-6923
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1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City ONALASKA 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage India Submit a completed Form AB-100 with this form. 3. Have you been a Wisconsin resident for at least 90 continues.	JOHN 8. State WI ng requireme	9. Zip Code 54650 12. Drivers Lice WI nt?	10. Age 4 7 nse/State ID State of Issuance	C 769-6923 e Yes No
1. Last Name DEVER 4. Email jcd0071.s05127.us@wal-mart.com 6. Home Address 529 3RD AVE N 7. City ONALASKA 11. Drivers License/State ID Number Part C: Agent Questions 1. Have you satisfied the responsible beverage server training Submit proof of completion. 2. Have you completed Form AB-100. Alcohol Reverage India	JOHN 8. State WI ng requireme	9. Zip Code 54650 12. Drivers Lice WI nt?	10. Age 4 7 nse/State ID State of Issuance	C 769-6923

READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name		First Name		-117	M.I.	
LITTLE		SARAH			С	
Title	Email			Phone		
ASSISTANT SECRETARY	SARAH.LITTLE@WALMART.COM			(414) 544-7713		
Signature Sutt Date 4/3/2024						
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.						
Last Name		First Name			M.I.	
DEVER		JOHN			C	
Signature			Date			

Part D: Business Attestation

Part D: Business Attestation						
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a sur I understand that I may be prosecuted for sut any person who knowingly provides materially if convicted.	liability comp y that I am au ccessor agen omitting false	pany with full authority and con uthorized by the above-named of it, I rescind all previous agent a statements and affidavits in co	itrol of the pre entity to autho ppointments fo nnection with	emises and o prize this indiv or this premis this application	vidual to act es. Further, on, and that than \$1,000	
Last Name		First Name			M.I.	
LITTLE		SARAH			C	
Title	Email		Phone			
ASSISTANT SECRETARY	SARAH.LITTLE@WALMART.COM (41		(414) 54) 544-7713		
		Date				
S						
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability componenthe premises for the above-named busing and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly provi	ecuted for su	conol bevera bmitting false	e statements ation on this	
Last Name		First Name			M.I.	
DEVER		JOHN			С	
Signature			Date 04/02/24			
1100	11117					