## **Agent Change Check Off Sheet**

Agent Name: Korena Pabst						
Trade Name: Kwik Trip #624						
Address: 530 WEST AVE N						
Council Meeting: Sept. 11, 2014						
Municipal Court: HOLD / OK						
Police: HOLD OK						
HOLD JOK Training Course Completed:						
Date: Held Win 245						
Comments:						

Dit: 09 La CROSSE, 70 Semenal Billing - 119257 - 2014 000958-0080 Tare F. 08/04/2014 01:2388 416 - KWIK TRIF

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

20,00

Submit to municipal clerk

liquor must	appoint an age oration/organiz	ent. The follo	wina auestic	ons must be answered	i by the agent. The app	ented malt beverages and/or intoxicating pointment must be signed by the officer(s) the recommendation made by the proper
local officia	и.	Town	ı	City of La Cross	20	La Crosse
To the gove	erning body of.	☐ Villag	je of	City of La Cross	Coun	
		City			<del> </del>	
The under	inand duly aut	harizad affic	or(c)(mamb	ers/managers of	Kwik Trip, Inc	2.
The unders	signed daily add	nonzea onic	er(s)memo	ersimanagers or	(registered name of corpor	ation/organization or limited liability company)
a corporation	on/organization	or limited lia	ability compa	any making application	n for an alcohol bevera	ge license for a premises known as
•	•		Kwik Tri			
				(trade nam	0)	
located at	530	West Ave.	N., La Cr	osse, WI 54601		
	Kore	ena L. Pab	st			
appoints (name of appointed agent)						
642 Boundary Dr. E., West Salem, WI 54669						
				(home address of app	•	
to alcohol l	beverages cond	ducted there	in. Is applic	ant agent presently a	cting in that capacity o	f the premises and of all business relative or requesting approval for any corporation/ y other location in Wisconsin?
Yes	□ No If	so, indicate	the corpora	te name(s)/limited lial	bility company(ies) and	municipality(ies).
						of approved
					rver training course?	Yes No All my life
How long i	mmediately prid	or to making	this applica	tion has the applicant	agent resided continue	ously in Wisconsin?
Place of re	esidence last ye	ear	805 Angel	Ct., #6, Holmen,	WI 54636	
	F	or: Kw	ik Trip, In			
	•		1/1	100 (Traying of corps	oretion/organization/limited li	ability company)
	8	8y:	CAA	UN MA	Atule of Officer/Member/Me	pacos)
			141	11711 19		
	A	nd:	HV	(sigi	nature of Officer/Member/Ma	nager)
			<u> </u>	ACCEPTANCE I	AGENT	
		Varanc	L. Pabst	ACCEPIANCE		
١,			t/type egent's r	namo)	, nerec	by accept this appointment as agent for the
corporatio beverages	n/organization/	limited liabi	lity compan	y and assume full representation	esponsibility for the confinited liability comp	onduct of all business relative to alcohol any.
		Sh.	-f		7/29/14	Agent's age
612 1	Boundary Dr.	(signature of a	gent) Salem W	1 54669	(date)	
/042	boundary Dr	11030				Date of birth
			(homo addre	ess of agent)		
			APPROV (Clerk c	'AL OF AGENT BY Nannot sign on beha	MUNICIPAL AUTHORI If of Municipal Officia	ITY al)
l hereby c	ertify that I hav	e checked r	nunicipal ar	nd state criminal reco	rds. To the best of my	knowledge, with the available information,
the charac	cter, record and	d reputation	are satisfac	low and I have no of	pjection to the agent a	ppointed.
Approved	c-1-1.		n /	unld ! To		Title Paling Chief,
whhlosed	(date)	- <del> </del> - <sub>y</sub> -		(signature of proper loc	al official)	(town chair, village president, police chieft
<del></del>						Information Department of Payeous