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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxical liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the office of the corporation/organization or members/managers of a limited liability company and the recommendation made by the prolocal official.
Town City of La Crosse  To the governing body of:  Village of City  City
The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  (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
Kwik Trip 750
(trade nemo) 4828 Mormon Coulee Rd., La Crosse, WI 54601
appoints Toby L. Wood
(namd of appointed agent)  144 Creekside Ct, Coon Valley, WI 54623  (thoma 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 related alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporatorganization/limited liability company having or applying for a beer anti/or liquor license for any other location in Wisconsin?
Yes
Is applicant agent subject to completion of the responsible beverage server training course? Yes XINo Since 1970
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 144 Creekside Ct, Coon Valley, WI 54623
For: Kwik Trip, Inc.
(name of corposition/organization/limited Hability company)  By:
And: (signature of Officer/Member/Managor)
ACCEPTANCE BY AGENT  Toby L. Wood hereby accept this appointment as agent to
corporation/liganization/lightifed liability company and assume full responsibility for the conduct of all business relative to all beverages conducted by fine bremises for the corporation/organization/limited/liability company.    0 73   7   Agent's age
(signature of agent) (diglo)
144 Crepkside Ct, Coon Valley, WI 54623 Date of birth
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 informathe character, record and reputation are satisfactory and I have no objection to the agent appointed.
Approved on
AI-104 (R 4-09) Wisconsin Department of R