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 intoxicating liquor

					tion made by the proper local official.
To the go	verning body		of La Crosse	County of	La Crosse
		✓ City			
The under	rsigned duly a	authorized officer/n	nember/manager of KWII	K TRIP, INC. (Registered Name of Corporation / C	Organization or Limited Liability Company)
a cornorat	ion/organizat	ion or limited liabilit	y company making applicati	on for an alcohol beverage lice	
a corporat				on for an alcohol beverage no	chac for a promised thorn as
	NWIK 3	pirits 773	(Trade Na	ame)	
located at	2506 South	Ave., La Crosse, W	I 54601		
appoints	Joseph W.	Newman			
appoints	(Name of Appointed Agent)				
	2029 Croc	oked Ave., Holn	nen. WI 54636 (Home Address of A)	anainted Agenti	
			(Home Address of A)	ppointed Agent)	
to alcohol	beverages co	onducted therein. Is	s applicant agent presently	Il authority and control of the p acting in that capacity or requ d/or liquor license for any other	remises and of all business relative esting approval for any corporation/ location in Wisconsin?
Yes	No	If so, indicate the	corporate name(s)/limited lia	ability company(ies) and munic	cipality(ies).
le applicat	nt agent subje	act to completion of	the responsible beverage s	enver training course?	Yes No
				nt agent resided continuously i	
Place of re	esidence last	year 2029 Croo	ked Ave., Holmen, WI 546	636	
		For: KWIK TF			
		By: Don	ald & feello	oration / Organization / Limited Liability	
				nature of Officer / Member / Manager)	
Any perso \$1,000.	n who knowi	ngly provides mate	rially false information in an	application for a license may b	e required to forfeit not more than
			ACCEPTANCE	BY AGENT	
I,			W. Newmna e Agent's Name)	, hereby acce	ept this appointment as agent for the
corporation beverage:	on/organizations conducted	on/limited liability on the premises fo	company and assume full or the corporation/organization	responsibility for the conduct on/limited liability company.	of all business relative to alcohol
107	egt (J. Melo (Signatu	re of Agent)	8-15-22	Agent's age 56
2029 Cro	oked Ave., I	Holmen, WI 5463		\	Date of birth
-			me Address of Agent)		
			PPROVAL OF AGENT BY Clerk cannot sign on beha		
I hereby o	certify that I h	ave checked muni	cipal and state criminal reco	ords. To the best of my knowled objection to the agent appoints	edge, with the available information, ed.

by Approved on (Town Chair, Village President, Police Chief) (Signature of Proper Local Official) (Date)