Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organization must appoint an agent. The corporation/organization or of	following question	is must be answered	by the agent. The	e appointment must be	signed by an officer of the	
To the governing body of:	☐ Town			County of <u>LA</u>		
The undersigned duly author	orized officer/memi	ber/manager of		Walgreen Co.	n or Limited Liability Company)	
a corporation/organization o	or limited liability con	mpany making applica		·		
		green Co. W	/algreens #092			
located at 2626		TREET	LA CRE	SSE, WI	54603	
appoints MATH	EW L.	SWEET	-			
W3718	FENNIG	KoH Rox (Home Address of	D We	SALES	M, WI 54669	
to act for the corporation/org to alcohol beverages condu- organization/limited liability of	cted therein. Is app	dicant agent presently	y acting in that ca	pacity or requesting ap	pproval for any corporation/	
Yes No if so	o, indicate the corpo	orate name(s)/limited	liability company(ies) and municipality(le	es).	
Is applicant agent subject to	completion of the r	esponsible beverage	server training co	ourse? Yes		
How long immediately prior t	to making this appli	ication has the applica	ant agent resided	continuously in Wiscor	nsin?	
Place of residence lest year	_W37	18 Fenni	gKoh	Rel, West	Salem	
For	:	Wa	green Co.			
Ву:	(Name of Corporation / Organization / Limited Liability Company) By:					
		(5)	gnature of Officer / Me	ember / Manager)		
Any person who knowingly p \$1,000.	provides materially f	false information in ar	application for a	license may be require	ed to forfeit not more than	
. 1		ACCEPTANCE	BY AGENT			
1. MATHEN) SW6 (Print / Type Agen	l's Name)		, hereby accept this ap	ppointment as agent for the	
corporation/organization/lim beverages conducted on the	ited liability compa premises for the	any and assume full corporation/organizat	responsibility for ion/limited liability	r the conduct of all be y company.	Jainess relative to alcohol	
when I	Sever		3/27	2023 Ager	nt's age39	
	nature of Agent) IGKOH Re (Home Ade	PAD WEST	SALEM)	<u> 2023</u> Ager <u> </u>	of birth_	
		VAL OF AGENT BY cannot sign on beh				
I hereby certify that I have of the character, record and re	hecked municipal a	and state criminal rec	ords. To the best	of my knowledge, with	the available information,	
Approved on	by		()	Title	-	
(Date)		(Signature of Proper L	ocal Official)	(Town Chai	ir, Village President, Palice Chief)	
AT-104 (R 4-18)					Wisconsin Department of Revenue	