## 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 must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

corporation	rorganization or c	THE HIGHINGINIAN	ager or a minuscriating	ty company and the recor	mignada	off friede by the proper local official.			
		☐ Town							
To the gove	erning body of:	Village	of La Crosse	Co	ounty of	La Crosse			
•	-	X City	- <del>in langui to a majo a an in manu</del>	Maintini dindalahan i denistri peristri peristri di denistri di denistri di denistri di denistri di denistri d		<u>Anna anna ann an Aireann Aireann Aireann Aireann an Ai</u>			
14014				יזאד פדטיי שדג					
the unders	signed duly author	orized onicer/me	mber/manager of 10	VIK TRIP, INC.	oration / On	genization or Limited Liability Company)			
		. #7 14 . 1 14 . 1. 1174		• -					
a corporation	on/organization o Kwik Trip 8			CALION TOF AN AICONOL DEVE	rage licer	nse for a premises known as			
located at									
amaalata									
appoints 4	(Name of Appointed Agent) 2701 Harvey St., La Crosse, WI 54601								
্ব	Z/UI riaive	/ St., La Ciusat	initalialiania		Mich 2012/12-12-12-12-12-12-12-12-12-12-12-12-12-1	Айриктурал, Жазаруктин синда нежишкай Айриндунда шинген) некиник кинте най-			
			(Home Address )	of Appointed Agent)					
to alcohol b	everages condu	cted therein. Is a	applicant agent presen		or reque	emises and of all business relative sting approval for any corporation/ location in Wisconsin?			
Yes Yes	No If so	o, indicate the co	rporate name(s)/limite	d liability company(les) a	nd municij	pality(ies).			
***************************************									
is applicant	agent subject to	completion of the	ie responsible beverag	e server training course?	Y	es 📝 No			
How long in	nmediately prior	to making this a	oplication has the appli	cant agent resided contin	luously in	Wisconsin? All my life			
•••	- •	0704 Li	ey St., La Crosse, V	<del>-</del>	•	ŕ			
Place of re	sidence last yea	**************************************	'0, 011, Ed 0, 0000, 7		<del>Marinetaniñeamen</del>	hadinifinimishkolotutetsihamininieliitkolotuteineliitittisaaniiminiminininiminiminiminiminiminimin			
	For	. KWIK TRI	P. INC:						
				gogration / Organization / Limit	ed Liability C	20mpany)			
	Ву	: Kona	While	Joan					
				Signature of Officer / Member /	Manager)	ASSESSMENT OF THE PROPERTY OF			
Any person \$1,000.	who knowingly	orovides materia	lly false information in	an application for a licens	e may be	required to forfelt not more than			
, Walin Zami Vazani Gazan Gunara	received a received and received	X P		CE BY AGENT	- Commission of the Commission				
<b>1</b> , :	(4)(())))))))))))	Jenna L. I (Print / Type A		, here	aby accep	ot this appointment as agent for the			
comoration	Norganization flim			ill ragnamajhilitu far tha	nondust r	of all business relative to alcohol			
beverages	conducted on th	e premises for the	ne corporation/organiz	ation/limited liability com	pany.	of all profiles relative to alcohol			
	\			5/11/11					
		(Signature o	of Agent)	(Date)	Appenionossistes.	Agent's			
270	ว์1 Harvey St., I	a Crosse, WI	54601	()		Date of			
	ATQUEORENT/AMORINEIRI ((1950-1940-1940-1940)	(Home	Address of Agent)	<del>nagyalanggg (Lydang) (Lydg) (Clades) (Clades) (Clades) (Lydes) (Lydes) (Lydes) (Lydes) (Lydes) (Lydes) (Lydes)</del>		Date of The State			
				Y MUNICIPAL AUTHOR					
		checked municip	al and state oriminal re	•	y knowled	ige, with the available information,			
				grand and market					
Approved o	on (Date)	by	(Signature of Proper	Local Official)	Title <i>(1</i>	Town Chair, Village President, Police Chief)			

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Do orne Address (street/route) 701 Harvey St. ome Phone Number	stname) onley	(first name)		)r. Lic. #					
ome Address (street/route) 701 Harvey St. ome Phone Number	niev	(first name)		(middle name)					
701 Harvey St.		Jenna	AND THE PROPERTY OF THE PROPER	Lyn State	Zip Code				
ome Phone Number	Post Office	Cíty		WI	54603				
	La Cros	156 1	National production of the contract of the c	Place of B					
08-865-0619	estatura en montro de manten de la companya del companya del companya de la compa	Million of Colleges beginning and	in the state of th	La C	rosse, WI				
above named individual provid	tes the following infor	mation as a person who	is (check one):						
Applying for an alcohol bevera									
A member of a partnership wi	hich is making applica	ation for an alcohol bever	rage license.						
Agent	of	F Kwik Trip, Inc.	oration, Umilled Clability Company	or Monnoil	5 Non-Surveillen				
(Officer / Director / Member / Mi	-	•	ргацоп, штиво шаршку ботрапу	or wonpron	Congunication				
which is making application for									
e <i>above named individual</i> provid How long have you continuously	y resided in Wisconsir	n prior to this date? All	my life.	gyyazani ekisten nen asen nen papa ataut	and accorded to the contract of the contract o				
Have you ever been convicted violation of any federal laws, an	of any offenses (other	r than traffic unrelated to w laws of any other state	alcohol beverages) for as or ordinances of any c	ounty					
or municipality?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		🚁 🗌 Yes 🗖 🛛 🗸				
If yes, give law or ordinance vio status of charges pending. (if n				on and	.~				
Are charges for any offenses p	resently pending agai	inst you (other than traffic	c unrelated to alcohol be	verages	)				
for violation of any federal laws	, any Wisconsin laws	, any laws of other state:	s or ordinances of any co	ounty or	, 				
municipality?		energy programs are some of the strokens.	والأناف فالفالف للإنكال فالكالمان فالمانية المانية المانية	# #1 × #1 #1 # 1	Yes No				
If yes, describe status of charge	es pending.	an affiant director at	anast of a comparation/re		//				
you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit ganization or member/manager/agent of a limited liability company holding or applying for any other alcohol									
beverage license or permit?	everage license or permit? Yes 🗸 No								
If yes, identify.	managan kanagan kanaga Kanagan kanagan kanaga			<del>internation who</del>	AAN MANISTERA DARINGA KASANISA YA YA MARANISA WAXANISA WAXANISA WAXANISA WAXANISA WAXANISA WAXANISA WAXANISA W				
The very hold and/or are you are	affinar director atom	(Name, Location and Type of	ee of any person or corr	oration	or				
To you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or nember/manager/agent of a limited liability company holding or applying for a wholesale beer permit,									
prewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?									
The second statement of the second of the se	······································			::12/0/mm/::teme/e/07	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
If yes, identify.	lame of Wholesale Licensee or	- Marin 19 41 19 5	(Address	By City and	County)				
discontinuo en caracterista en		a iwo emolyers.							
Named individual must list in cl	hronological order las	<del>objektionmen proministration of the second </del>	Employed From	······································	To				
discontinuo en caracterista en	And an incident the state of th	onsin Hwy 16, La Cr	osse, WI 9/2012	wasaanaa aa tii giigalii il (OH	1/2013				