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

\$10

Submit to municipal clerk.

must anno	int an anent 1	The following ques	tions must be ansi	wered by	the agent.	The appointment	It beverages and/or intoxicating liquor t must be signed by an officer of the ation made by the proper local official.
To the gov	verning body o	☐ Town if: ☐ Village ☑ City	of La Crosse		— www.	_ County of	La Crosse
The under	rsigned duly au	sthorized officer/m	ember/manager of	KWIK	TRIP,	INC . lame of Corporation /	Organization or Limited Liability Company)
a corporati	ion/organizatio	n or limited liability	company making	applicatio	n for an ald	ohol beverage lie	cense for a premises known as
	Kwik Tri	p 829					
	_			(Trade Non	no)		
located at	507 Lang Dr	r., La Crosse, WI 5	4603		<u></u>		
appoints	Jason D. N	icolai					
(Name of Appointed Agent) 1919 Sandalwood Dr., Onalaska, WI 54650							
	1919 Sano	alwood Dr., Oi	lalaska, W1 340 (Home Ad	dress of App	cointed Agent)	
to alcohol	beverages con on/limited liabil	nducted therein. Is ity company havin	applicant agent pr	resently a beer and/	cting in tha or liquor lic	it capacity or requence for any other	premises and of all business relative uesting approval for any corporation or location in Wisconsin? sicipality(ies).
			the responsible be				Yes No
How long i	immediately pr	ior to making this	application has the	applicant	agent resi	ded continuously	in Wisconsin? All my life.
Place of re	esidence last v	ear 1919 Sands	ilwood Dr., Onala	ska WI	54650		
				,			
		For: KWIK TR	IP, INC.		" 10t	tation / Limited Liabili	the Company
		Ву:		or Corpore	llion / Organiz	rauen / Cimited Ciaom	iy Company)
			and the second	(Signa	ture of Office	r / Member / Manage	1)
Any perso \$1,000.	n who knowing	gly provides mater	ially false information	on in an a	pplication f	for a license may	be required to forfeit not more than
		·	ACCEF	TANCE E	BY AGENT		
l,		Jason D. Nicolai	Agent's Name)			, hereby acc	cept this appointment as agent for the
corporatio beverages	n/organization conducted or	/limited liability c	•	me full re ganization	esponsibilit n/limited lia	y for the conduction	ct of all business relative to alcoho
j /	<u>المركبات</u>				719	131	Agent's age <u>47</u>
			of Agent)		•	(Date)	
1919 San	dalwood Dr.,	Onalaska, WI 54 (Hor	650 ne Address of Agent)	_			Date of birth
			PROVAL OF AGE lerk cannot sign				
I hereby c	ertify that I hav	ve checked munic d reputation are s	ipal and state crim atisfactory and I ha	inal recor ave no ob	ds. To the jection to t	best of my know he agent appoint	ledge, with the available information ted.
Approved	on	by				Title	
- *	(Date		(Signature of	Proper Lac	el Official)		(Town Chair, Village President, Police Chief,
AT-104 (R. 4-1)	8)						Wisconsin Department of Revenu