Form AB-101

Alcohol Beverage Appointment of Agent

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Agent Type (check one)									
✓ Original (no fee) Successor (\$10 fee for municipal licensees only)									
Part A: Business Information									
Legal Business Name (individual name if sole proprietor) Playful Pursuits LLC									
Business Trade Name or DBA Appleton Axe									
3. Entity Type (check one) Limited Liability Compa	iny	Corporation	☐ Nonprofit Orga	anization					
Alcohol Beverage Business Authorization (check one) Municipal Retail License			Permit or Municipal Reta	ail License Number					
6. Describe the reason for appointing a successor agent, if success	sor is checked ab	ove.							
AGENT NO LONGER	WITH	BUSINESS	•						
Part B: Agent Information									
1. Last Name Rana	2. First Name Animes	h		3. M.I.					
4. Email	Animes		5. Phone	5. Phone					
6. Home Address 1785 Granite Rapids Dr									
7. City Frisco	8. State TX	9. Zip Code 75036	10. Age						
11. Drivers License/State ID Number	17		se/State ID State of Issu	ance					
		*							
Part C: Agent Questions									
Have you satisfied the responsible beverage server training requirement? Submit proof of completion. Yes No									
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire?</i>									
Have you been a Wisconsin resident for at least 90 cont See instructions for exceptions.	tinuous days?.			✓ Yes					

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Part D: Business Attestation				4 654						
READ CAREFULLY BEFORE SIGNING: I, the Undersigned , authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.										
Last Name		First Name			M.I.					
Rana	na Animesh									
Title	Email			Phone						
				-						
Signature Annech Rana		Date 3/17/2025								
Part E: Agent Attestation										
READ CAREFULLY BEFORE SIGNING: I, the Agent , hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.										
Last Name		First Name			M.I.					
Rana		Animesh								
Signature Annel Rana		Date	3/17/202	5						