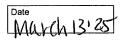
Form AB-101

## Alcohol Beverage Appointment of Agent



Agent Type (check one)							
Original (no fee)	Successor (\$10 fee for mu	nicipal licen	sees only)				
Part A: Business Informat	ion						
1. Legal Business Name (individual	name if sole proprietor)	a fina considera especial and a financial	•	and the second s			
TANDEM	Wine ? Beer	- LL	-C				
2. Business Trade Name or DBA	TANDEM						
3. Entity Type (check one)	Limited Liability Company		] Corporation	Nonprofit Organiz	Nonprofit Organization		
4. Alcohol Beverage Business Auth  Municipal Retail Licens		5. If successo	r agent, provide State F	Permit or Municipal Retail L	icense Number		
6. Describe the reason for appointing	ng a successor agent, if successor i	s checked ab	ove.				
I am presen	nt at TANDEN	n du	ving opera	cting hours.			
		,,					
Part B: Agent Information							
1. Last Name		2. First Name	ter		3. M.I.		
4. Email	2	ww.	100	5. Phone	5. Phone		
				'			
6. Home Address - 419 CHURC	H ST.						
7. City Neenah		8. State	9. Zip Code 5495 6	10. Age			
		1001		o/State ID State of leguans			
11. Drivers License/State ID Numb	er		12. Drivers Elceris	12. Drivers License/State ID State of Issuance			
Part C: Agent Questions							
Have you satisfied the responsibility proof of completion.	onsible beverage server training	g requireme	ent?	····××××××××××××××××××××××××××××××××××	Yes No		
Have you completed Form A     Submit a completed Form A	AB-100, <i>Alcohol Beverage Indi</i> v B-100 with this form.	/idual Ques	tionnaire?	···· 😾	Yes No		
Have you been a Wisconsin See instructions for exception	resident for at least 90 continuons.	ious days?			∱Yes □ No		
					Continued →		

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	d liability company with full authority and fy that I am authorized by the above-nar uccessor agent, I rescind all previous ago ubmitting false statements and affidavits	d control of the premises and med entity to authorize this in ent appointments for this pred in connection with this applic	d of all alcohol ndividual to act mises. Further, ation, and that
Last Name	First Name		M.I.
Thompson	Varter		A
Title	Email	Phone	
Agent			
Signature ,	<del>_</del>	Date	
Xoute Attagen	1	March 13	25
()			
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busin and affidavits in connection with this application may be required to forfeit not more	pany and assume full responsibility for these. I further understand that I may be ion, and that any person who knowingly	he conduct of all alcohol beve prosecuted for submitting fa	erage activities lse statements
Last Name	First Name		M.I.
Thomason	Warter		A
Signature		Date	
Yata HTranin		March 13/2	25
10			