Form
AB-101

Alcohol Beverage Appointment of Agent

10/14/25
Date 10-9-25

Agent Type *(check one)*

☐ Original (no fee) ☑ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
FKG OIL COMPANY

2. Business Trade Name or DBA
APPLETON MOTOMART#4403

3. Entity Type *(check one)*
☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number
No. 3-AA-25

6. Describe the reason for appointing a successor agent, if successor is checked above.
The current manager/agent (Lori A Endries) will be retiring on October 5th, 2025. Jared Mitchell (current manager/agent) is transferring from the (Grand Chute MotoMart#4402) location. And a newly promoted Moto employee will be taking his place as manager there, as he takes on the manager roll at Appleton Moto#4403 effective 10/5/2025.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Mitchell	Jared	F

4. Email	5. Phone

6. Home Address
922 W Summer St.

7. City	8. State	9. Zip Code	10. Date of Birth
Appleton	WI	54914	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

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.
Forsyth	Robert	J

Title	Email	Phone
VP, for FKG Oil Company		

Signature	Date
[signature]	10/8/25

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.
Mitchell	Jared	F

Signature	Date
Jared Mitchell	10-9-25