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.							
		Town						
	To the governing body of:		Appleton	1	Gounty of O	utagamie		
		City						
	The undersigned duly authorized officer/member/manager of Ultimate Mart, LLC (Registered Name of Corporation / Organization or Limited Liability Company)							
	a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as							
	Pick 'n Save #12	23						
_	(Trade Nome) located at 2700 N Ballard Rd Appleton, WI 54911							
1	located at 2700 N Ba.	Llard Rd A	ppleton, W1 5	4911	~ ~,			
N	appoints Sara Hopk:	ins						
11	appoints		(Name of Appoi	Inted Agent)				
•	<u>801 S. 1</u>	COMMer	(Home Address of A	Neenan	MID	54956		
			(rionia Addiess of A	крротеа Адвт)				
	to act for the corporation/org to alcohol beverages conduc organization/limited liability of	cted therein. Is at	oplicant agent presently	acting in that capac	city or reques	ting approval for any		
	Yes No If so	. Indicate the cor	porate name(s)/limited (i	ability company(ies)	and municip	ality(ies).		
		,	, , , , , , , , , , , , , , , , , , , ,		,			
	Is applicant agent subject to	completion of the	responsible beverage s	server training cours	se? Ye	s 🔽 No		
Г	How long immediately prior t	-					lears	
	•						,	
1	Place of residence last year	BOI 2	· COMMENT	iau ot	Neen	en WI 3	7784	
	For:	Ultimate	Mart, LLC					
	Ву:	Annea	M Mame of Corp.	nature of Officer / Membe	mitted Liability Co	ompany)		
		· //					16	
	Any person who knowingly p \$1,000.	rovides materially	y false information in an	application for a lice	ense may be	required to forfelt not r	nore inan	
سب			ACCEPTANCE	BY AGENT				
	Sara Hopkins	`		. h	ereby accept	this appointment as a	gent for the	
	1,	(Print / Type Age	ent's Name)					
	corporation/organization/limineterages conducted on the	ited liability comp	pany and assume full e co rpera tion/organizati	responsibility for th	e conduct o	f all business relative	to alcohol	
d		11- 56	5 6					
1	/ X CLICA JOSEPH AND	TOOK	the state of the s	11-26-20 (Date)	12	Agent's age		
1	SON S CONLL	rercial_	St Noom	h W11 5	4956	Date of birth		
L	<u> </u>		ddress of Agent)	2/1 VQ 1				
	Waster State Control of the Control		OVAL OF AGENT BY					
		(Clerk cannot sign on behalf of Municipal Official)						
	hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, he character, record and reputation are satisfactory and I have no objection to the agent appointed.							
	Approved on	by	(Signature of Proper Lo	and Official	Title	own Chair, Village President	Police Chieft	
	(Date)		(Signature of Proper Lo	idai Ulliciaij				
	AT-104 (R. 4-18)					Wisconsin Depart	ment of Revenue	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

		Зирти со тапрара сюгк.										
1	ln/	dividuel's Full Name (please print) (last nam	(first name)			(middle name)						
1		Hopkins Sara										
1	Ho	ome Address (sireet/route)	Post Office	City	······································		State	Zlp Code				
1	િ	3015. Commercial S	3+	\mathcal{N}	eenav	١	MI	549	56			
1	He	ome Phone Number	-		of Birth		Place of E	Birth				
1							Nee	nah!	MI			
ſ		The about normed individual neguidae the following information as										
		The above named individual provides the following information as a person who is (check one):										
		Applying for an alcohol beverage license as an Individual.										
A member of a partnership which is making application for an alcohol beverage license. If Agent of Ultimate Mart, LLC												
(Officer / Director / Member / Maneger / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)												
which is making application for an alcohol beverage license.												
	Th	e above named individual provides th	e following informal	tion to the liceasin	a suthority							
The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date?												
l		Have you ever been convicted of any			to alcohol b	everages) for						
1		violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county										
۱		or municipality?										
١		If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)										
-		arama or originae haridina. In more tonur is negoen' counne ou tenetse side of this tolur")										
١	3,	3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages)										
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county of municipality?									$\mathcal{A}_{\mathbf{A}}$			
		If yes, describe status of charges per	idina.	* * * * * * * * * * * * * * * * * * * *	*******		• • • • • • •	Yes	, XWO			
		4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit										
		organization or member/manager/agent of a limited liability company holding or applying for any other alcohol										
		beverage license or permit?										
		If yes, identify										
	5.	Do you hold and/or are you an officer	, director, stockhold	der, agent or empl	oye of any pa	erson or corpor	ration or	•				
member/manager/agent of a limited liability company holding or applying for a wholesale beer permit,								p				
		brewery/winery permit or wholesale fiquor, manufacturer or rectifier permit in the State of Wisconsin? [] Yes [] No If yes, identify.										
		- · · · · · · · · · · · · · · · · · · ·	/holessio Licensee or Perm	iliteal	4	(Addrage	By City and o	Country				
١	6.	Named individual must list in chronol		•		(2001203)	ay only una v	ooomy,				
١		Employers Name	Employer's Address			Employed From		То				
. !		Roundys Supermarkets		onsin Ave I	MKE WI	01-08-	2018	Preser	7+			
(1	Employer's Name	Employer's Address			Employed From		To O				
	l	Home Depot	\			02-23-	2012	08-03	5-2017			
	<u></u>	d	a Daniela a comp						., .			
	HE.	READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing										
	app	application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and										
	con	rect. The undersigned further understa	inds that any licens	e issued contrary	to Chapter 12	25 of the Wisco	nsin Sta	tutes shall be	void, and			

under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

AT-103 (R. 7-18)