

Form AB-101

Alcohol Beverage Appointment of Agent

Date 3/13/26

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)  
*Wise Restaurant Group*

2. Business Trade Name or DBA  
*Christianos Pizzeria*

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

6. Describe the reason for appointing a successor agent, if successor is checked above.  
*The agent listed is no longer with the company.*

Part B: Agent Information

1. Last Name *Wise*    2. First Name *Lee*    3. M.I. *D*

4. Email \_\_\_\_\_    5. Phone \_\_\_\_\_

6. Home Address  
*W 6548 Cree Ave*

7. City *Wautoma*    8. State *WI*    9. Zip Code *54982*    10. Date of Birth \_\_\_\_\_

11. Driver's License/State ID Number \_\_\_\_\_    12. Driver's License/State ID State of Issuance *WI*

Part C: Agent Questions

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

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? .....  Yes     No  
See instructions for exceptions.

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 <i>Wise</i>	First Name <i>Lee</i>	M.I. <i>D</i>
Title <i>Owner</i>	Email	Phone
Signature <i>Ba D. Wise</i>		Date <i>3/12/26</i>

**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 <i>Wise</i>	First Name <i>Lee</i>	M.I. <i>D</i>
Signature <i>Ba D. Wise</i>		Date <i>3/12/26</i>