

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.

To the governing body of: Town
 Village of Appleton County of Outagamie
 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 #123
(Trade Name)

located at 2700 N Ballard Rd Appleton, WI 54911

appoints Timothy Smith
(Name of Appointed Agent)
N4459 Nelson Rd Princeton, WI 54968
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 26 YEARS

Place of residence last year Same as Above

For: Ultimate Mart, LLC
(Name of Corporation / Organization / Limited Liability Company)
By: [Signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Timothy Smith, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 1-24-2024 Agent's age [Redacted]
(Signature of Agent) (Date)
N4459 Nelson Rd Princeton, WI 54968 Date of birth [Redacted]
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Date FEB 08 2024

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Recp # 6274-06

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or Individual name if sole proprietor)
Ultimate Mart, LLC

2. Trade Name or DBA
Pick 'n Save #123

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
Smith, Timothy J.

2. Relationship to Registered Entity (Title)
Agent

3. Email
[REDACTED]

4. Phone
[REDACTED]

5. Home Address
N4459 Nelson Rd

6. City
Princeton

7. State
WI

8. Zip Code
54968

9. Date of Birth
[REDACTED]

10. Drivers License/State ID Number
[REDACTED] 6

11. Drivers License/State ID State of Issuance
WI

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
Same as above

Previous City, State, Zip
[REDACTED]

Dates (MM/YYYY - MM/YYYY)
[REDACTED]

Previous Address 2
Same as above

Previous City, State, Zip
[REDACTED]

Dates (MM/YYYY - MM/YYYY)
[REDACTED]

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Roundy's

Employer's Address
2700 Ballard Road Appleton

Dates Employed (MM/YYYY - MM/YYYY)
2-28-05 to Present

Employer's Name
[REDACTED]

Employer's Address
[REDACTED]

Dates Employed (MM/YYYY - MM/YYYY)
[REDACTED]

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

ILLINOIS

2. How long have you continuously lived in Wisconsin prior to the date of application? Years 26 Months —

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. 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.

Signature: [Handwritten Signature] Date: 1-24-2024