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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official. Town To the governing body of: of Appleton Village County of Outgamie XCITY The undersigned duly authorized officer(s)/members/managers of Target Corporation (registered name of corporation/organization or limited flability company) Target Store T1248 located at 1800 S Kensington Dr, Appleton, WI 54915 Allison Hemker 905 Kernan Ave, Menasha WI 54952 (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 ticense for any other location in Wisconsin? If so, Indicate the corporate name(s)/limited liability company(ies) and municipality(les). is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year of Officer/Member/Manager) ACCEPTANCE BY AGENT , Allison Hemker, hereby accept this appointment as agent for the (pdnt/type again'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. Agent's age 905 Kernan Ave, Menasha, WI 54952 Date of birth (horne address of agunt) 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 ____ Tille (lown chair, village president, police chief) (date) by (signature of proper local efficien)

AT-101 (R. 4-09)

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (fuel name)		(first dame)		(middle name)		
Hemker Home Addrass (streethoute)	***	Alli	son	M	arie	Krutza
•	Post Office		City	J.Z.L	Sialo	Zip Codo
905 Kernan Ave			Menasha		WI	54952
nonte Phone Numoar		Age	Date of Birth		Place of	3irth
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he above named individual provides the lo	llowing information	as a pe	rson who is <i>(check i</i>	nael:		
Applying for an alcohol beverage licens	e as an individual					
A member of a partnership which is m	aking application (c	or an alc	ohol beverage licen	sea.		
Agent (Officer / Director / Member / Mannass / Aug.	Of Towns	Corporation	on			
which is making application for an alcoh	• •		Namu of Corporation, Limit	ud Liebility Company	ar Nonprof	t Organization)
ne above named individual provides the fo How long have you continuously resided	in Wisconsin ador	to the fi	censing authority:			
Have you ever been convicted of any off	enses (other than t	Cilli Uz eu oilteri	related to sleet -1 t			
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of manicipality?						TYPE TOTAL
				date, descripti	on and	[7] 169
status of charges pending. (If more room	la needed, continue d	n reversi	side of this form.)			
Are charges for any offenses presently p	onding applications	. (-1)				
for violation of any federal laws, any Wis	consin laws, anv ta	raema) i Ioto eus	nan trailic tinrelale: har glotos es esdica	d to alcohol be	verages)
				inces of any co	unty or	Mrs. Drec
						··· Lies 17mg
are you now, are you making application	O DE HOV BIE 10 DE	MILLOR MIL	reniar ar saont of a	corporation/ric	nprolit	
organization of member/manager/agent	of a limited liability	comman	v halding or analytr	in for only allies		
beverage license or permit? If yes, identify.	• • • • • • • • • • • • • • • • • • • •		•••••			Yes [No
The state of the s	/Na	ine Landle	n and Type of Licensu/Pon			/ 1 To 10 to
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memberinguagenagent of a limited liabil	ily contoany holdin	o or app	lving for a wholeen	le heer cormit		
prewery/winery permit or wholesale liquo	r, manufacturer or i	reclifier	permit in the State	of Wisconsin?		Tyes TNo
If yes, identify.						[] []
	ale Licensee of Permeten)			(Address E	y City and	County)
Named individual must list in chronologic		nployers				
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Employer's Name Ema	tover's Address	31001	M. WASTERN M.	Jegt 200	<i>y</i> (CHANNA
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7		1-12117116	Dr. Appulin, W ws. Dv. Chalaska, W	1 1 10 10 1 10	VUL	1 sept 200 1
EAD CAREFULLY BEFORE SIGNING: U	ndar nanallu =====	ا بنا انظ	(VINCON FOR FR	1 -1-1		
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a. Any person who knowingly provides mai	andny iaiso iniormi	auon on	inis application ma	y be required t	o forfeit	not more than \$1,000.
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