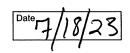
Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented mait 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 OVTAGAMIE
The undersigned duly authorized officer/member/manager of Wild River Catl (Registered Name of Corporation / Organization or Limited Liability Company)
a corporation/organization or limited liability company making application for an alcohol <u>b</u> everage license for a premises known as
Wild River cafe
located at 425 W Water St. (Trade Name) Appleton, WI 54911
appoints Hanna Lonsway
S141 N (Name of Appointed Agent) DY- APPLE FUN WI (Home A didness 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?
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 5/4/ N. UNNACE, APPLETAN, WT 549
For: WHO RIVER CASE, LLC
By: (Name of Corporation / Organization / Limited Liability Company)
(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.
I, HONNO LONSWOY ACCEPTANCE BY AGENT , 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/erganization/limited liability company.
Agent's age REDACTED (Signature of Agent) Agent's age REDACTED
5141 N LYNN (Old Dr. Grand Chute, WI 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

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire



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 officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · 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 so Wild River Cafe, LLC	le proprietor)				
2. Trade Name or DBA					
Same					
3. Entity Type (check one)	The state of the s				
☐ Sole Proprietor ☐ Partnership	Limited Lia	bility Compan	y Corporati	on Nonprofit Organization	
			NAME OF THE PARTY		
Part B: Individual Information					
1. Name (Last, First, M.I.)					
Hanna Lonsway					
2. Relationship to Registered Entity (Title)	3. Email			4. Phone	
Employee		-		REDACTED	
5. Home Address N Lynndall	br.				
6. City		7. State	8. Zip Code	9. Date of Birth	
Appleton		WI	54915	REDACTED	
	0. Drivers License/State ID Number 11. Drivers License/State ID				
REDACTED WISCO			MISCOL	un	
Part C: Address History					
List in chronological order your last two reside	ence addresses w	ithin the last 5	5 years.		
Previous Address 1	/ ^		A MANAGEMENT OF THE STATE OF TH		
Previous City, State, Zip			Dates (MM/YYYY - MM/YYYY)		
Previous Address 2			•		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)			
	· · · · · · · · · · · · · · · · · · ·				
Part D: Employment History					
List in chronological order your last two emplo	oyers within the la	st 5 years.			
Storl Arch Brewpt	dl				
Employer's Address Olde onli	da St.	Appleto	on, ut Day	es Employed (MM/YYYY - MM/YYYY)	
Employer's Name					
Employer's Address			Dat	ies Employed (MM/YYYY - MM/YYYY)	

Part E: Criminal History					
Have you ever been convicted of any offenses (other than traffic offenses un for violation of any federal, Wisconsin, or another state's laws or of any country.				. 🗌 Yes	☑ No
If yes to question 1, please list details of each conviction below. Attach additi	onal sheets a	needed.		,	
Law/Ordinance Violated		Trial Date			
Penalty Imposed	Was senten	ce complet	ed?	. Yes	☐ No
Law/Ordinance Violated		Trial Date			
Penalty Imposed	Was senten	Was sentence completed? Yes No			
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?	any county or	municipal		. 🗌 Yes	☑ No
If yes to question 2, describe nature and status of pending charges using the sheets as needed.	he space belo	w. Attach a	dditional		
		mittania			
Part F: Questions					
Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2	list them in th	e space be	low.	Yes	☑ No
How long have you continuously lived in Wisconsin prior to the date of applic	cation?	Years 2	R	Months	9
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. Att	r producer (e. ach additiona	g. brewer, sheets as	needed.	Yes	⊠ No
* ENDING employment w/ Stone Aech 1	Snewput	0 m	3 مال	17073	
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Part G: Attestation				•	
	led contrary to) Wis. Stat	. Chapter	· 125 shall lavits in con	be void nection