

# 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  City of Appleton County of Outagamie

The undersigned duly authorized officer/member/manager of Wild River Cafe, 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 Wild River Cafe

located at 425 W Water St. Appleton, WI 54911  
(Trade Name)

appoints Hanna Lonsway  
(Name of Appointed Agent)  
5141 N Lynndale Dr. Appleton, WI  
(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? 22 yrs.

Place of residence last year 5141 N. LYNNDALE, APPLETON, WI 54913

For: WILD RIVER CAFE, 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, Hanna Lonsway, 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.

Hanna Lonsway 7/18/23 Agent's age REDACTED  
(Signature of Agent) (Date)  
5141 N Lynndale Dr. Grand Chute, WI Date of birth REDACTED  
(Home Address of Agent) 54913

### 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 7/18/23

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 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) Wild River Cafe, LLC
2. Trade Name or DBA Same
3. Entity Type (check one) [ ] Sole Proprietor [ ] Partnership [x] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) Hanna Lonsway
2. Relationship to Registered Entity (Title) Employee
3. Email
4. Phone REDACTED
5. Home Address 5141 N Lynndale Dr.
6. City Appleton
7. State WI
8. Zip Code 54915
9. Date of Birth REDACTED
10. Drivers License/State ID Number REDACTED
11. Drivers License/State ID State of Issuance Wisconsin

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1
Previous City, State, Zip N/A
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 employers within the last 5 years.
Employer's Name Stone Arch Brewpub
Employer's Address 1004 S olde oneida st. Appleton, WI
Dates Employed (MM/YYYY - MM/YYYY) 2017-07/31/23
Employer's Name N/A
Employer's Address N/A
Dates Employed (MM/YYYY - MM/YYYY)

**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

2. How long have you continuously lived in Wisconsin prior to the date of application?      Years 22      Months 4

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  
\* Ending employment w/ Stone Arch Brewpub on July 31, 2023

**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 Hanna Sansway      Date 7/18/23