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.

corporation/	organization or o	one member/m	anager of a limited liab	ility company and	the recommendation ma	ade by the proper local official.					
To the governing body of:		□ Town □ Village of Appleton ☑ City			County of Outagamie						
The undersi	gned duly autho	•	nember/manager of <u>I</u>	WIK TRIP,	INC . ame of Corporation / Organiza	tion or Limited Liability Company)					
a corporation	n/organization o	r limited liabili	y company making ap	, -		or a premises known as					
K	Kwik Trip 182	2				and the same of					
located at 3	306 N. Richm	ond St., Ap	oleton, WI 54911	ade Name)							
	saac A. Peters										
	(Name of Appointed Agent)										
7	732 E. Harriso	on St., Appl	eton, WI 54915 (Home Addres	ss of Appointed Agent)		The second secon					
to alcohol be	everages condu /limited liability	cted therein. I company havi	s applicant agent presing or applying for a bee	ently acting in that er and/or liquor lice	nd control of the premise t capacity or requesting ense for any other location ony(les) and municipality						
-			ite, WI, until new agent a			, ,					
Is applicant	agent subject to	completion of	the responsible bever	age server training		☑ No consin? All my life					
			rison St., Appleton, \								
	For	KWIK T	RIP, INC.								
,	Ву	: On	Name of	Corporation / Organiza	ation / Limited Liability Compa	ny)					
				(Signature of Officer	/ Member / Manager)						
Any person \$1,000.	who knowingly p	provides mate	rially false information i	n an application fo	or a license may be requ	lired to forfeit not more than					
	,		ACCEPTA	NCE BY AGENT							
I, Isaac A. Pe	eterson	(Print / Type	e Agent's Name)		, hereby accept this	appointment as agent for the					
corporation/ beverages of	organization/lim conducted on th	nited liability of	•	full responsibility sization/limited lial	for the conduct of all billity company.	business relative to alcohol					
- Du		T. C. Stanstu	e lof Agent)	- V	Date) A	gent's age					
32 Е. Нап	ison St., Apple	ton, WI 5491			·	ate of birth					
			PPROVAL OF AGENT Clerk cannot sign on								
I hereby cer the characte	tify that I have o	checked munic eputation are s	cipal and state crimina satisfactory and I have	records. To the b	est of my knowledge, v ie agent appointed.	vith the available information,					
Approved or	1	by			Title	DI LA COLLA CALLA					

(Signature of Proper Local Official)

(Date)

AT-104 (R. 4-18)

(Town Chair, Village President, Police Chief)

Wisconsin Department of Revenue

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		re)	(middle name)									
Peterson	İ	Isaac	;	Alan								
	Post Office		City	Sta	1 '							
Home Address (street/route) 732 E. Harrison St.	Appleton			\	^M 54915							
Home Phone Number			Date of Birth		ice of Birth	30/1						
			000) F	Fond du Lac, WI							
The above named individual provides the following information as a person who is (check one):												
Applying for an alcohol beverage license as an individual.												
A member of a partnership which is making application for an alcohol beverage license.												
X Agent of Kwik Trip, Inc. (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)												
which is making application for an alcohol beverage license.												
The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? All my life.												
How long have you continuously reside Have you ever been convicted of any.	offeness (other than	traffic un	All my life.	verages) for		and the second s						
2. Have you ever been convicted of any living any Wisc	onsin laws, anv law	s of any (other states or ordina	nces of any cou	unty	h=**24 .						
violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?												
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and												
status of charges pending. (If more room is needed, continue on reverse side of this form.)												
2 to oberges for any offenses presently	nending against vo	ou (other	than traffic unrelated	to alcohol beve	erages)							
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or Yes												
municipality?				, ,	Ye	es 🔀 NO						
If yes, describe status of charges pend 4. Do you hold, are you making applicati	ding.	officer d	irector or agent of a	corporation/non	profit	a de la companya del companya de la companya del companya de la co						
4. Do you hold, are you making applicati	on for or are you are nt of a limited liabilit	v comba	ny holding or applying	g for any other		,						
organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?												
free identify Agent Kwik Trin 452. Town of Grand Chute, WI, until new agent approved.												
	1	Manie, Cocas	into militar in minimum.									
5. Do you hold and/or are you an officer,	, ••••											
member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?												
If yes, identify.												
(Name of Wholesale Licensee or Permittee) (Address By City and County)												
6. Named individual must list in chronology	gical order last two	employe	rs,	Employed From	То							
Employer's Name	720 W North	and Δv	e, Appleton, WI		11/201	1						
Walgreen's				Employed From	То	_						
General Beverage Dist.	2855 Oregor	ո St., (Oshkosh, Wl	1/2005	9/2007	7						

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application, may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Isaac A. Peterson

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Wisconsin Department of Revenue