Wisconsin Department of Revenue

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

Submit to municipal clerk.

All corporation must appoir corporation/	ons/organization It an agent. The organization or o	s or limited liab following ques ne member/ma	lity companies applying fo tions must be answered i mager of a limited liability	r a license to sell ferm by the agent. The ap company and the rec	nented malt beverages and/or intoxicating liquor ipointment must be signed by an officer of the commendation made by the proper local official.
	ming body of:	☐ Town ☐ Village ☑ City	of Appleton		County of Outagamie
			ember/manager of <u>Wal</u>	111081010	orporation / Organization or Limited Liability Company)
		limited liability	company making applica	tion for an alcohol be	everage license for a premises known as
Walgreen	s 12693		(Trade l	Vame)	
located at	729 W NORTI	HLAND AVE	APPLETON, WI 54		
appoints _	Andrew Scott	Krueaer			
арропи s	836	F. Jo	NA 57. (Name of App. (Home Address of	ointed Agent) Application (WI Appointed Agent)	54911
to alcohol b	avarance candill	anization/limite	ed liability company with fu	ull authority and contr	rol of the premises and of all business relative ity or requesting approval for any corporation/rany other location in Wisconsin?
X Yes	No If so	, indicate the c	orporate name(s)/limited I	iability company(ies) W.Ţ	and municipality(les).
Is applicant	agent subject to	completion of t	he responsible beverage	server training course	e? No No
How long im	mediately prior t	o making this a	pplication has the applica	nt agent resided con	tinuously in Wisconsin?
Place of res	idence last year	836	E. John St.	Appleton	WJ 34911
		Walgreen	Co.		
	Dur	Daion Brow		oration / Organization / Lin	nited Liability Company)
	by.	Brian Brow		nature of Officer / Member	r / Manager)
Any person \$1,000.	who knowingly p	rovides materia	ally false information in an	application for a lice	nse may be required to forfeit not more than
			ACCEPTANCE	BY AGENT	
Andrew	Scott Krueger	į		, he	ereby accept this appointment as agent for the
		(Print / Type /	lgent's Name)		
corporation/obeverages c	organization/limi onducted on the	led liability co premises for t	mpany and assume full he corporation/organizati	responsibility for the on/limited liability co	e conduct of all business relative to alcohol mpany.
	/Slas	eture of Agent)		1 10 <u>~</u>	Agent's age
	836 E.	John St	- Appleton W. Address of Agent)	I 54911	Date of birth
			ROVAL OF AGENT BY erk cannot sign on beh		and the second s
			al and state criminal reco		ny knowledge, with the available information, t appointed.
Approved on	(Date)	by	(Signature of Proper Lo	cal Official)	Title(Town Chair, Village President, Police Chief)

AT-104 (R. 4-18)