

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DALTON		AARON		D	
Home Address (street/route)		Post Office	City	State	Zip Code
1921 N ELINOR ST			APPLETON	WI	54914
Home Phone Number		Age	Date of Birth		Place of Birth
●●●●●●●●		●	●/●/●●		●●●●●

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.
- AGENT** of DOLGENCORP, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

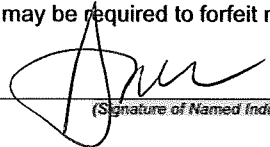
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? ● YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 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.)
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 municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. AGENT OF SEE ATTACHED LIST
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or 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? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
DOLLAR GENERAL CORP.	GOODLETTSVILLE, TN	07/13/2019	—————
Employer's Name	Employer's Address	Employed From	To
HF TOOLS	CALABASSAS, CA	12/01/2006	07/12/2019

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)

Store	Address	City	County	Zip	Open Date	Agent
6509	991 MARQUETTE DR	KEWAUNEE	KEWAUNEE	54216-1772	7/15/2004	AARON DALTON
6535	1320 W WISCONSIN AVE UNIT	APPLETON	OUTAGAMIE	54914-3287	9/30/2004	AARON DALTON
6563	1152 S MILITARY AVE	GREEN BAY	BROWN	54304-2145	7/1/2004	AARON DALTON
6604	1102 LAWE ST	KAUKAUNA	OUTAGAMIE	54130-1553	7/29/2004	AARON DALTON
13175	1135 APPLETON RD	MENASHA	WINNEBAGO	54952-1905	12/17/2011	AARON DALTON
14362	N3887 STATE RD 55	FREEDOM	OUTAGAMIE	54130	7/28/2013	AARON DALTON
19323	102 E NORTHLAND AVE	APPLETON	OUTAGAMIE	54911-2125	9/1/2017	AARON DALTON
20213	315 E MAIN ST	HORTONVILLE	OUTAGAMIE	54944	3/10/2019	AARON DALTON
20230	609 N Main St	Black Creek	Outagamie	54106	6/25/2019	AARON DALTON
20867	3022 Mishicot Rd	Two Rivers	Manitowoc	54241	11/25/2019	AARON DALTON
21045	1641 Main Street	Green Bay	Brown	54302	7/5/2019	AARON DALTON
20873	376 High Street	Wrightstown	Brown	54180	2/10/2020	AARON DALTON
20870	527 E Main St	Mishicot	Manitowoc	54228	1/15/2020	AARON DALTON
21854	225 N Washington St	Kimberly	Outagamie	54136	3/25/2020	AARON DALTON
21851	1010 W College Ave	Appleton	Outagamie	54914	4/16/2020	AARON DALTON

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 of Appleton County of Outagamie
 City

The undersigned duly authorized officer/member/manager of DOLGENCORP, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company license for a premises known as
DOLLAR GENERAL STORE # Dollar General Store #21851
located at 1010 W College Ave
Appleton, WI 54914
appoints AARON DALTON
(Name of Appointed Agent)
1921 N ELINOR ST, APPLETON, WI 54914
(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).
AGENT OF SEE ATTACHED LIST

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? 0 YEARS

Place of residence last year APPLETON WI 54914

For: DOLGENCORP, 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, AARON DALTON, 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.

[Signature] 1/26/21 Agent's age 0
(Signature of Agent) *(Date)*
1921 N ELINOR ST, APPLETON, WI 54914 Date of birth 000000
(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 _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*