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

Submit to municipal clerk.

Submit to municipal clerk.	
All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by corporation/organization or one member/manager of a limited liability company and the recommendation made by the p	by an officer of the
Town 10 - 00 0 0	- ^^ **
To the governing body of: Village of VOICO County of OUTOO	TANIK
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The undersigned duly authorized officer/member/manager of VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	I Liability Company)
a corporation/organization or limited liability company making application for an alcohol beverage license for a premise	es known as
located at 800 E WISCONSIN AVE	
appoints Recing Holdkman	
2825 3 WWW. Address of Appointed Agent) (Home Address of Appointed Agent)	1915
to act for the corporation/organization/limited liability company with full authority and control of the premises and of a to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisco	or any corporation/
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?	27U CK
Place of residence last year 2825 S Whiatfield DV Applet	M, Wi 54
For: DVMIN MODERN KITCHEN	, .
(Name of Corporation / Organization / Limited Liability Company) By:	
(Signature of Officer / Member / Manager)	
Any person who knowingly provides materially false information in an application for a license may be required to forfer \$1,000.	eit not more than
ACCEPTANCE BY AGENT	
I, Pegina Holekman , hereby accept this appointment.	ent as agent for the
corporation/organization/limited liability company and assume full responsibility for the conduct of all business beverages conducted on the premises for the corporation/organization/limited liability company.	relative to alcohol
\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac\	
2825 S Whateld Dr Appleton, WI 54915 Date of birth	6600
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 avaithe character, record and reputation are satisfactory and I have no objection to the agent appointed.	allable information,
Approved on by Title	

(Signature of Proper Local Official)

(Date)

(Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Home Address (street/oute) Post Office City State Zip Code Zip Code
Home Phone Number 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. Of UV DOWN WOLLEW 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? 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? 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.) 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
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municipality?
maniopanty.
If yes, describe status of charges pending
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. Watt GUSTODUD
If yes, identify. (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?
If yes, identify. Truft Gastroon (0104 W Didapliped Dr.
(Name of Wholesale Licensee or Perhittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.
Employer's Name Profit Gastropus Cuy W Ridgeriew Dr Coct 2019 To Present
Employer's Name Employer's Address Employer From To
Whan Modern 800 F Wisconsin Are May 2021 Present
Kitchen
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 applica-
tion. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.
× Maria Maria
(Signature of Named Individual)