## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

AT-104 (R. 4-09)

liquor must appoint an age	ent. The following qu	iestions must be answered	by the agent. The appointm	malt beverages and/or intoxicating tent must be signed by the officer(s) commendation made by the proper
local official.		managers or a minica in	ibility company and the rec	ionimonation made by the proper
To the governing body of:	☐ Town : ☐ Village c ☑ City	f Appleton	County of	Outagamie
The undersigned duly aut	thorized officer(s)/m	embers/managers of	(registered name of corporation/o	Ganization or limited liability company)
a corporation/organization	or limited liability of $\triangle \widehat{S}(\alpha)$	ompany making application Thai (trade name	n for an alcohol beverage lice	ense for a premises known as
located at $200$	N Worth	and AVE 12016	ton WI 540	}/(
		Li U (name of appointe		
714 E	Florida	(name of appointe	d agent) (751) W I	q11
to act for the corporation/o	organization/limited ducted therein. Is a	liability company with full applicant agent presently ac	authority and control of the p	oremises and of all business relative esting approval for any corporation/
Yes No If	so, indicate the cor	porate name(s)/limited liab	ility company(ies) and muni	cipality(ies).
Is applicant agent subject	to completion of the	e responsible beverage ser	ver training course?	Ŷes □ No
How long immediately price	or to making this ap	plication has the applicant	agent resided continuously i	n Wisconsin? <u>2017 - 2019</u>
Place of residence last ye			•	ion wi syqu
F	or:	Xu2 Chu	ation/organization/limited liability of	ompany)
1	Ву:	Hua C	Men ture of Officer/Member/Manager)	
A	•		ature of Officer/Member/Manager)	·
		ACCEPTANCE B		
l,	Vic Char (print/type age			ept this appointment as agent for the
beverages conducted on	the premises for th	e corporation/organization	/limited liability company.	of all business relative to alcohol
	(signature of agent)	AVE PPP for	04/21/19 (date)	Agent's age
714 E	Florida (home a	AVE PP LE FOI	I WI MAIL	Date of birth /
		ROVAL OF AGENT BY M rk cannot sign on behalf		
			s. To the best of my knowle ection to the agent appointe	edge, with the available information, ed.
Approved on(date)	by	(signature of proper local	official) Title	(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)		(first name)	(mic	ddle name)
Liu		xuechun		
Home Address (street/route)	Post Office	City	Stat	te Zip Code
	54911	٨٨٥	latin W	
Home Phone Number	7 4911	Age Date of Birth	10101	ce of Birth
nome Phone Number		Age Date of Bitti	1 let	China
				CIVIIA
The above named individual provides the	following information	as a nerson who is /	check one)	
Applying for an alcohol beverage lice			onosk onoj.	
#			a licanea	
A member of a partnership which is				- T
Xve chon Liv (Officer / Director / Member / Manager /	of	(Name of Corporati	ion, Limited Liability Company or N	lonprofit Organization)
which is making application for an al		se.		
The above named individual provides the				
1. How long have you continuously resid	ded in Wisconsin prior	to this date? 220	11-2017	
2. Have you ever been convicted of any violation of any federal laws, any Wisi				ntv
or municipality?	•			
If yes, give law or ordinance violated,				
status of charges pending. (If more ro	· ·			
3. Are charges for any offenses present				
for violation of any federal laws, any \				
municipality?			,	Yes
If yes, describe status of charges pen 4. Do you hold, are you making applicat	tion for or are you an	officer director or age	ent of a corporation/nonc	rofit
organization or member/manager/age	ent of a limited liability	company holding or	applying for any other a	lcohol
beverage license or permit?				
If yes, identify.				
	(N	ame, Location and Type of Lic	ense/Permit)	
5. Do you hold and/or are you an officer				on or
member/manager/agent of a limited li	iability company holdi	ng or applying for a v	vholesale beer permit,	_
member/manager/agent of a limited librewery/winery permit or wholesale li	iability company holdi	ng or applying for a v	vholesale beer permit,	_
member/manager/agent of a limited li brewery/winery permit or wholesale li If yes, identify.	iability company holdi iquor, manufacturer or	ng or applying for a v	wholesale beer permit, a State of Wisconsin?	☐ Yes ☑ N
member/manager/agent of a limited librewery/winery permit or wholesale lif yes, identify.  (Name of W	iability company holdi iquor, manufacturer or Wholesale Licensee or Permitte	ng or applying for a v	wholesale beer permit, a State of Wisconsin?	_
member/manager/agent of a limited li brewery/winery permit or wholesale li If yes, identify.	iability company holdi iquor, manufacturer or Wholesale Licensee or Permitte	ng or applying for a v	wholesale beer permit, a State of Wisconsin?	☐ Yes ☑ N
member/manager/agent of a limited librewery/winery permit or wholesale liling lifyes, identify.  (Name of Manager/agent of a limited librewery/winery permit or wholesale liling life life life life life life life life	iability company holdi iquor, manufacturer or Vholesale Licensee or Permitte ogical order last two e	ng or applying for a v	wholesale beer permit, e State of Wisconsin?  (Address By C	Yes N
member/manager/agent of a limited librewery/winery permit or wholesale lilif yes, identify.  (Name of M.  6. Named individual must list in chronology (Employer's Name)	iability company holdi iquor, manufacturer or Vholesale Licensee or Permitte ogical order last two e	ng or applying for a v	wholesale beer permit, e State of Wisconsin? (Address By C	Yes N
member/manager/agent of a limited librewery/winery permit or wholesale lifyes, identify.  (Name of Months	iability company holdi iquor, manufacturer or  Wholesale Licensee or Permitte ogical order last two e  Employer's Address	ng or applying for a v	wholesale beer permit, e State of Wisconsin?  (Address By Constitution (Address By Constituti	Yes N  Oity and County)  To 2017
member/manager/agent of a limited librewery/winery permit or wholesale lifyes, identify.  (Name of Months and individual must list in chronology)  Employer's Name  Timbo Cin 2 C	iability company holdi iquor, manufacturer or  Wholesale Licensee or Permitte ogical order last two e  Employer's Address	ng or applying for a v	wholesale beer permit, e State of Wisconsin?  (Address By Constitution (Address By Constituti	Yes N  Oity and County)  To 2017
member/manager/agent of a limited librewery/winery permit or wholesale lifyes, identify.  (Name of Months and individual must list in chronology)  Employer's Name  Employer's Name	iability company holdi iquor, manufacturer or wholesale Licensee or Permitte ogical order last two e Employer's Address	ng or applying for a vertifier permit in the end of the	Employed From Employed From	Yes N  To P 0 1 7
member/manager/agent of a limited librewery/winery permit or wholesale lifyes, identify.  (Name of Word of Wor	iability company holdi iquor, manufacturer or  wholesale Licensee or Permitte ogical order last two e  Employer's Address  7777 / Y  Employer's Address  C: Under penalty provine knowledge of the s	ng or applying for a vertifier permit in the end of the permit in the end of	Employed From Estate States that each	To Yes N  To O I 7  To T
member/manager/agent of a limited librewery/winery permit or wholesale lifyes, identify.  (Name of Word of Wor	iability company holdiciquor, manufacturer or wholesale Licensee or Permitte ogical order last two employer's Address  7777	ng or applying for a vertifier permit in the employers.  Of fair he was a way and a way a	Employed From Entry D I Employed From Entry D I Employed From Entry D I Employed From Employed From Entry D I Employed From Employed F	To Yes N  To O I 7  To T
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(Signature of Named Individual)