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

Submit to municipal clerk.		``			
of the corporation/organiza local official.	it. The following o	questions must be ans rs/managers of a limi	wered by the agent. The ted liability company a	fermented mait beverages and/or intoxic te appointment must be signed by the offic and the recommendation made by the p	ropei
To the governing body of:	☐ Town ☐ Village ※ City	of Appleton	TODE	County of Dyta a ami & Circle Fox Citles, CC dinas LLC corporation of some promises known as a present the sound as a present the soun	10
The undersigned duly author	orized officer(s)/r	members/managers o	Appleton to	dinas LLC corporalization or limited Hability company)	, <u></u>
a corporation/organization o	r limited llability o	company making appli	cation for an alcohol be	everage license for a premises known as	
located at 333 \	College	e Ave. Ap	pleton, WI	54911	
appoints <u>Linda</u> 105 Ala	111. Gar Exander 1	Ney (name of ap	pointed agent) h WI 549 if appointed agent)	75%	
to act for the corporation/org to alcohol beverages conduc organization/limited llability c	anization/ilmited sted therein, is a ompany having o	ilability company with pplicant agent present or applying for a beer a	full authority and control full acting in that capac	rol of the premises and of all business rel ilty or requesting approval for any corpora r any other location in Wisconsin?	ative ation/
Place of residence last year For: By;	making this app 105 Al	exander of holding	cant agent resided cont	tinuously in Wisconsin? 26 year Panah, WZ 54956 ed liebility compeny)	<u>-</u>
And:	V	(algnature of Officer/Member	/Мападег)	
1. Linda M.	Garvey (print/type agen	ACCEPTANC		reby accept this appoiniment as agent for	'the
corporation/organization/limite beverages conducted on the	ed liability comp premises for the	pany and assume full corporation/organiza	responsibility for the tion/limited liability con	conduct of all business relative to alcompany.	loric
	Savey		5-2-19 (date)	Agent's age	
105 Alexander	Dr, KQ	enah WI Idress of egent)	54956	Date of birth	K
	APPRO (Clerk	OVAL OF AGENT BY coannot sign on bel	MUNICIPAL AUTHO	RITY Dial)	
I hereby certify that I have che the character, record and repu	icked municipal Itation are satisf	and state criminal red actory and I have no	ords. To the best of m objection to the agent	y knowledge, with the avallable informat! appointed.	on,
Approved on(date)	_ by	falgnature of proper lo	cal official)	Title (town cheir, village president, police chie	el)
AT-104 (R. 4-09)	~			Wisconsin Department of Revo	niia

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)			9)	(middle n	(middle name)						
GARVEY			JINDA		M						
Home Address (street/route)	Post Office		City	State	Zip Code						
105 ALEXANDER DRIVE			NEENAH	WI	54956						
Home Phone Number		Age	Date of Birth	Place of E							
			W65095 W659955	1	RAPIDS, WI						
				11120.	KHILDD, 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.											
✓ AGENT of INNER CIRCLE FOX CITIES, 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:											
 How long have you continuously resided in Wisconsin prior to this date? 26 YEARS Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for 											
violation of any federal laws, any Wisconsi	in lowe, any lower	ailic unre	elated to alcohol beverages	for							
or municipality?	iii iaws, any iaws (or any ou	ier states or ordinances of a	any county	☐ Yes 🗸 No						
If yes, give law or ordinance violated, trial	court. trial date an	d penalty	/ imposed and/or date des	cription and	∐ 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 per	nding against you	(other th	an traffic unrelated to alcoh	ol beverages)	r						
for violation of any federal laws, any Wisco	onsin laws, any lav	vs of oth	er states or ordinances of a	ny county or							
municipality?	• • • • • • • • • • • • • • • • • • • •		* * * * * * * * * * * * * * * * * * * *		∐ Yes 🕢 No						
 yes, describe status of charges pending. Do you hold, are you making application for 		finar dira	ntov or occur of a compact	l Et							
organization or member/manager/agent of	a limited liability o	ncer, une	bolding or applying for any	othor glashol							
beverage license or permit?	a minico nability c	ompany	noiding or applying for any	other alcohor	✓ Yes No						
beverage license or permit?											
	(Nam	ne, 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.											
(Name of Wholesale Licensee or Permittee) (Address By City and County)											
6. Named individual must list in chronological order last two employers.											
1	yer's Address		Employed Fr	om	To						
HOSTMARK HOSPITALITY SCH		L 601			06/03/2015						
	yer's Address		Employed Fr		То						
FIRST HOSPITALITY ROS	EMONT, IL	60018	08/01	/2010	10/05/2012						

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.