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

Submit to municipal clark.

	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.									
	Town To the governing body of Village of Appleton County of Outagamie									
	The undereigned duly authorized officer/member/manager of APPLs Respitality Group, LLC (Registered Name of Corporation / Organization or Limited Liability Company)									
	a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as									
	Applebee's Neighborhood Grill & Bar (Mada Name)									
	located at 3040 East College Ave, Appleton, WI 54915									
	appoints Joe Behn									
	3320 N Meade St, Appleton, WI 54911									
,	(Flome Address of Appointed Agent)									
i,	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									
	is applicant agent subject to completion of the responsible beverage server training course? Yes Vo									
6	How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37 years									
	Place of residence last year 3470 Lake Ave, Wisconsin Rapids, WI 54494									
	For: Apple Hospitality Group, LLC [Name of Corporation / Confided Clability Company)									
	Bv:									
	(Signature of Officer / Member / Menoger)									
	Any parson who knowingly provides materially false information in an application for a license may be required to forfelt not more than \$1,000.									
ACCEPTANCE BY AGENT I, Joe Behn (Print? Type Agent's Name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to beverages conducted on the premises for the corporation/organization/limited liability company.										
										And 161- 8-2-19 Agent's age
										(Significe of Agent) (Calo)
	3320 N Meade St., Applican, WI 54911 Bate of birth (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 boat of my knewledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.									
	Approved on (Dalia) by (Signature of Proper Local Citizal) Title (Texa Chair, Village Provident, Points Chief)									
	A7: 114 (R. 4:16)									

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

		(lirsi nair	A CONTRACTOR OF THE PARTY OF TH	(middle namo)			
Indivi	Share Little Marie Disease Stand							
	Sehn Jee State Zip Gode Print Glass							
Home	, Address (sireethoule)	Post Onico	Trans de che con	wi 5	4911			
	20 N Meade St.	and the second	Applaton Hawaranh	class of the	a and the commence of the commence of the commence of			
Hom	S Phone Number	one.	O OO FOOD	Wiscor	ısin Rapid	da		
				111 (6 60 50 50 50		metrical x		
TO BELLEGIST	2) It that the following information as 8 assum who is (check one):							
The	as above named individual provides the following information as a parcon who is (check end): Applying for an alcohol beverage license as an individual. Amember of a partnership which is making application for an alcohol beverage license. Agent Officer/Director/Member/Member/Agon) Officer/Director/Member/Member/Agon) (Chilicer/Director/Member/Member/Agon)							
	which is making application for an alcohol beverage license.							
The	above named individual provides the fellowing information to the licensing authority; Years							
1. 1	How long have you continuously reside	ed in vvisconsin prior to the		erages) for				
2.	Have you ever been convicted of any coviolation of any federal laws, any Wisc	menses (other than traine of	other states or ordinar	ices of any county				
	Yes	No No						
or municipality? If yes, give law or ordinance violeted, trial court, trial date and penalty imposed, and/or date, description and								
*	If yes, give law or ordinance violeted, that court, that date and portary imposes, status of charges pending. (If more room is needed, continue on reverse slife of this form.)							
				la classal bouoragas		part of the part o		
3.	Are charges for any offenses presently	pending egainst you (other	than trame unrelated t	to Alcount navarabas)				
	for violation of any federal laws, any V	riaconsin laws, any laws of c	Miles grates of ordinari	COC OF WILL MANNEY S.	TYes	V No		
	municipality?							
	If yes, describe status of charges pending. De you hold, are you making application for or are you an efficer, director or agent of a corporation/nonprofit The you hold, are you making application for or are you an efficer, director or agent of a corporation/nonprofit The young the first of the young th							
4.	Do you hold, are you making application or member/manager/age	nt of a limited liability compa	any holding or applying	for any other alcohol	was P	juintand		
	beverage license or permit?		******		🗹 Yes [∐ No		
	If yes, identify, see attached		and the second s					
(Rame, Looding and Type of Chemical Street								
5.	Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or							
•	the street and street of a limited lightlifty company holding of applying jor a wholesale user portrait							
	brewery/winery permit or whatesale liquor, manufacturer or recitier permit in the clate of this section.							
	If yes, identify.							
	(Allarge of Windowski Licenses of Petrilities) Named Individual must list in chronological order last two employers.							
6.	Named Individual must list in chronole Employer's Name	Embloher,a yqquana Siliteti otdat itast two ambioh.		Employed From	To	STATE STATE OF THE		
ŧ	long-term Apple	Hospitality Gro	up employee			Digester desper Carella (Meso		
	Employer's Name	Employer's Address	and the second second second second second second	Employed From	10	Aprillia mercity or y		
<u>.</u> .	tubole, a signa	,						

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 forfelt not more than \$1,000.

(Signature of Harris State (State)



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