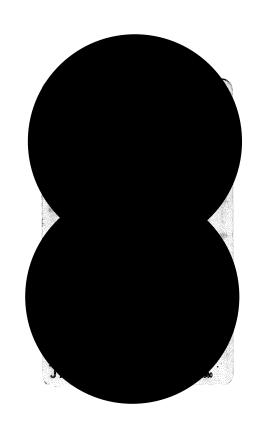
AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk

Cooming to manicipal cierk		
Individual's Full Name (please print) (last name)	(first name)	(middle name)
	1an Allexand	er Joseph
12/2 W Jennings Apt 6 Post Office	New Lond	State Zip Code
Home Phone Number	Data of Birth	Prace of Birth
2 vilna consensati programmente con consensati del del del consensati del consens		
The above named individual provides the following inform	nation as a person who is (check one):	
Applying for an alcohol beverage license as an indiv	ldual,	
A member of a partnership which is making applicat		
	FKG DI Composition Limited (186)	ANN Mily Company or Nonprohi Organization)
which is making application for an alcohol beverage I	icense.	ny Company or Nonpioni Ciganitason)
The above named individual provides the following inform		
i. How long have you continuously resided in Wisconsin	prior to this date?	Years
Have you ever been convicted of any offenses (other).	han traffic unrelated to alcohol house	
violation of any federal laws, any Wisconsin laws, any or municipality?	laws of any other states or ordinances	
If yes, give law or ordinance violated, trial court, trial di	ate and penalty imposed, and/or date	description and
status of charges pending. (If more room is needed, conf.	nue on reverse side of this form.)	- Cook pilott grig
3. Are charges for any offenses presently pending against for violation of any federal laws.	t you (other than traffic unrelated to al	cahal hayaragaa)
To violation of any receipt laws, any vvisconsin laws, a	DV laws of other states or ordinances.	of any county or
municipality? If yes, describe status of charges pending.		🗌 Yes 🔯 No
4. Do you hold, are you making application for or are you	an officer, director or agent of a corno	ration/popprofit
organization or member/manager/agent of a limited liat	oility company holding or applying for a	any Alber alcohol
beverage license or permit?		🗌 Yes 🔀 No
	(Name. Location and Type of License/Permit)	
5. Do you hold and/or are you an officer, director, stockho	der, agent or employe of any person of	or corporation or
member/manager/agent of a limited liability company his brewery/winery permit or wholesale liquor, manufacture	olding or applying for a wholesale bee	r permit,
If yes, identify.	or received beautiful the State Of AAR	consiny Yes X No
(Name of Wholesale Licensea or Per	milles)	(Address By Cily and County)
Named individual must list in chronological order last two Employers Name Temployers Address		NAP DE LO CONTROL DE LA CONTRO
	Main St Belleville IL Ap	ril 2016 Current
Employer's Name Employer's Address	Employi	ad From To
The undersigned, being first duly sworn on oath, deposes he applicant has read and made a complete source to one	and says that he/she is the person no	amed in the foregoing application: that
indersigned further understands that any license issued of	an question, and that the answers in e	ach instance are true and correct. The
penalty of state law, the applicant may be prosecuted for si	bmitting false statements and affiday	its in connection with this application.
Subscribed and sworn to/before me		••
his 26 day of March 2021		
120 2	Eller	Drull.
(Clerk/Notacy Public)	<u> </u>	SULLULU Signature of Named Individual
fly commission expires 10-1-2021	·	
		Printed on
8 4 8 8 PM - 12 PM		Recycled Paper

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

Submit to municipal clerk.	
All corporations/organization liquor must appoint an agent of the corporation/organizat local official.	ns or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating t. The following questions must be answered by the agent. The appointment must be signed by the officer(s) it
To the governing body of:	☐ Town ☐ Village of APPLETON County of OUTAGAMIE ☑ City
The undersigned duly author	rized officer(s)/members/managers of FKG OIL COMPANY
	(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
	MOTOMART
located at 1850 W. WI	(trade name) ISCONSIN AVENUE APPLETON, WI. 54914
appoints ALLEX STIC	lhman
. 1212 W	Jennings St Apt G, New London, WI, 54961 =
organization/limited liability ∞	anization/limited liability company with full authority and control of the premises and of all business relative ted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ompany having or applying for a beer and/or liquor license for any other location in Wisconsin?
	indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Place of residence last year For: By:	NIIO37 State Rd 22 Clintonville WI54929 FKG OIL CO. (name of corporation/organization/limited liability company)
And:	(signeture of Officer/Member/Manager)
	(signature of Officer/Member/Manager)
	ACCEPTANCE BY AGENT
ALLEX STICHMAN	(print/lype agent's name) , hereby accept this appointment as agent for the
orporation/organization/timited everages conducted on the p	d liability company and assume full responsibility for the conduct of all business relative to alcohol remises for the corporation/organization/limited liability company.
Iller Doller	3/26/21 Agent's age
Idld W Jen	nngs St Apt 6, New London WI, 574 Pate of birth
	APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
nereby certify that I have chec e character, record and reput	cked municipal and state criminal records. To the best of my knowledge, with the available information, ation are satisfactory and I have no objection to the agent appointed.
oproved on(date)	by
104 (R. 4-09)	Wisconsin Denarmant of Paymus



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