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

Allcomors		1					Subn	nit to munic	ipal clerk.					
MILCUIDUIG	tions/organ	izatio	sor	imi	ed li	ability comp	anies at	plying for a	license to sell fern	nented i	malt bever	rages and/or	intoxicatino lic	JUOT
All corporations/organizations or imited liability companies applying for a license to sell fermented matt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the										the				
corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official										cial.				
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a corporati	ion/organiz	ation o	r lim	ted	liab	lity compar	y makin	g application	n for an alcohol be	everage	e license f	or a premise	s known as	
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to act for th	he comora	l tlan/or	saniz	ratio	n/lic	 hited liabilit	compa	i ny with full	authority and con-	tral of th	he premis	es and of al	l husiness rela	ative
to alcohol	beverages	condi	cted	the	rein.	Is applicat	t agent	presently a	cting in that capac	city or r	equesting	approval fo	r anv comora	tion/
organizatio	on/limited li	ability	com	an	ha	ving or appl	vina for	a beer and	or liquor license fo	or any o	ther locat	ion in Wisco	nsin?	
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Yes	✓ No	lfs	b, inc	lica	te th	e corporate	name(s)/limited lia	pility company(ies) and m	unicipality	/(ies).		
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le applican	it onent cub	riect to	Con	mie	ion	of the reene	neible b	evorage se	rver training cours	02	✓ Yes	□ No ⊿	_	
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How long i	mmediately	y prìor	to m	akir	ig th	is application	n has th	e applican	agent resided cor	ntinµou	sly in Wise	consin?	yez	7
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Place of re	sidence la	isi yea	I —	-	_	, 0,	<i>'</i>	, , ,	8, 3700		(0,)	ر سلمه ۲۰۰۰	3770	
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		יון ו	71.	<u> </u>	7.7	17 11 C			tion / Organization / Li		A HILL A Pharmace			
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Auxiliary Questionnaire Alcohol Beverage License Application Submit to municipal clerk.

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in	dividual's Full Name <i>(pl</i> e	ease pri	nt)	(las	nem	≱)		(first na		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(middle na	
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1	ome Address (street/rout	1'				Post C	ffice	l i	City	<u> </u>	0.	State	Zip Code
1	5534 016	41	18	/	8	ľ			2 2	revers	Point	- 1,17,1	54482
H	ome Phone Number							Age	Date of	Birth		Place of B	inth _
		·										V109	54482 inth inta, MN
<u></u>										4			
Th	e above named ind	dividu	/ pro	vid	s th	e following	informat	ion as a pe	rson who	is (check on	e):		
	Applying for an a	coho	bev	èra;	e lic	ense as an	indívid	ual.					
] A member of a p	artne	ship	wł	ich i	s making a	plication	for an aic	phol bev	erage license	ļ.		
	MANAGER						of W			'S PHARM			
	(Officer / Dir			1	11 -				Name of Ço.	rporation, Limited	Jability Company	or Nonprofit	Organization)
	which is making	applic	ation	for	an a	lcohol beve	rage lice	nse.					
Th	e above named ind	dividu	/ pro	vide	 es th	e followina	informat	ion to the li	pensina :	authority.			•
	How long have yo										ar5		
	Have you ever be												
	violation of any fe											ountv	
	or municipality? .	1 ,		ļ	.	, , . ,	l		l		l . <i>.</i>	· · · · · · ·	Yes No
	If yes, give law or	ordina	nce	viol	ated	trial court,	trial date	and pena	ty impos	sed, and/or d	ate, descripti	on and	7,17
	status of charges	þendi	pg . (t m	re ro	om is neede	d, continu	ue on revers	a side of t	his form.)			
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٥,	Are charges for an for violation of any	ferie	nises Islan	he	anv	Miscansin I	againsi j	y lawe of o	nan iran har etats	ic unrelated i	D SICOROI DE	verages)	
	municipality?	1	Ĩ	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			GWS, CIT	10003 01 00	ICI SIZIC	o or ordinari	cas of ally or	ority or	Yes 🔀 No
	If yes, describe st			ige	s pe	nding.	[l			, . ,	🗀 🐯 🛵 🕫
4.	Do you hold, are y						је уоца	n officer, di	rector or	agent of a c	prporation/no	nprofit	
	organization or me												
	beverage license						1	1 - 1					
	If yes, identify.				<u> </u>		ļ	<u> </u>					-
	Do year bald and/		l				1		•	of License/Permit	1		
Ģ.	Do you hold and/o member/manager	ar are	ou a	m o	mce	r, director, s	tocknoic	ier, agent o	r employ	e or any per	son or corpo	nation or	
	brewery/winery pe	ayell	uvita V		ale I	iduor mani	facturer	or rectifier	pryrrig 101	a willocsaid the State of	Wieconein?	'	Yes 🔀 No
	If yes, identify.		1 ''''			gavi, mani		, Leganor	PCITING II	i nic omic oi	V VIGGGIIGIII:		🗀 163 🕅 140
		 	 	rN⊋r	ie of L	Vholesele Licen	see or Perm	: iktea)			(Address	By City and (County)
6.	Named individual	must	st in	chr	onol	ogical orde	r last two	employer	 \$.		1	-3	
	Employer's Name	1	1	İ		Employer's Ad	drese	i i			mployed From.		To cont
	CV.	\$ '				700	₩ E	الم عدمارة	Soul	Ave	5/20	016	CUN EAT
	Employer's Name		Ì			Employer's Ad	1	Ī_	1.4.4.45.4		mployed From		To =//
	Arbys		<u> </u>		<u> </u>	5700 0	VS -10	E, 5+4	443.2	549/4	4/201	<u> </u>	3/60/6
		[Pois	1+ 0	(工) 3	1481	}			
RE	AD CAREFULLY	BEFO	RE S	iG	NING						 states that e	ach of th	e above questions has
be	en truthfully answe	ted to	the k	jest	of t	he knowled	ge of the	signer. Th	e signer	agrees that I	he/she is the	person r	named in the foregoing
ap	plication; that the a	pplica	nt has	ş ге	ad a	hd made a d	complete	answer to	each que	estion, and th	at the answe	rs in eac	h instance are true and
co	rrect, The undersig	ned fu	ther	und	erst	ands that a	ny licens	e issued co	ntrary to	Chapter 125	of the Wisco	onsin Sta	tutes shall be void, and
tin	der penalty of state	knowi	ne at	φtΩι	vide:	may be pro	seculeo felse infi	or submit	ng talse this and	siatements a Vern mevilon	he required	in conne to forfeit	ection with this applica- not more than \$1,000.
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		1						'	ŀ		(Signature	of Named In	dividual)
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AT	03 (R. 7-18)						Į Į				·	1	Visconsin Department of Revenue
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