

# Alcohol Beverage Appointment of Agent

Date 3-3-26

<b>Agent Type (check one)</b>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Bowlero Wisconsin, LLC	
2. Business Trade Name or DBA Super Bowl Family Entertainment	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent; if successor is checked above. There is a new agent at this location.	

<b>Part B: Agent Information</b>			
1. Last Name <u>Thiede</u>	2. First Name <u>Renee</u>	3. M.I. <u>L.</u>	
4. Email		5. Phone	
6. Home Address <u>441 Main St.</u>			
7. City <u>Wrightstown</u>	8. State <u>WI</u>	9. Zip Code <u>54180</u>	10. Date of Birth
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name LAVAN	First Name Robert	M.I. M.
Title CFO, Secretary, Treasurer	Email	Phone
Signature <i>Robert M. Lavan</i>	Date 3/5/2026	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Thiede	First Name Renee	M.I. L.
Signature <i>Renee L. Thiede</i>	Date 3-3-26	