#### **Schedule for Successor of Agent**

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company (Only one signature is required).

The appointment must be approved by the incensing authority.
Municipality) Wisconsin 20 (Date)
1. Name of agent JAMES C. MULESKI Yes No
2. Are you of legal drinking age?
3. X Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4. Have you ever been convicted of a federal law violation?
5. Have you ever been convicted of a state law violation?
6. Have you ever been convicted of a local ordinance violation?
7. X Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?
UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belie
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more tha
\$1,000.
(Signature of Agent). De assu
1547 N. GREEN BAY RO PER WIL
(Address)
SUCCESSOR AGENT
The undersigned appoints
Name of Permittee 1 6 00 neer
aa
Date 20 23 By (Signature of Officer / Member)
hereby accept appointment as agent for FIFTH ST YACHT CLUB and assume
full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.
1 27.11
Date July 7 20 Z3 (Signature of Agent)
THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE
See sec. 125.04(6), Wis. Stats.)
WI20
(Municipality) (Date)
(Signature of Official)
(Title)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

		6-st same	facilita.	namal	
Individual's Full Name (please print) (last name)		first name)	(middle	52 TB	
MULESKI		AMES	-/1/11	LES	
Home Address (street/route)	Post Office	City	State	Zip Code	
1547 N. GREEN BAY RO	RACINE	MOUNT P		53406	
Home Phone Number CE	-	Age Date of Birth	Place of	Birth	
(262)637-1935 / (262)	417-5262		K	ACINE, WI.	
The above named individual provides the f	following information as	a person who is (check	one):		
Applying for an alcohol beverage licen	se as an individual.				
A member of a partnership which is n	naking application for a	in alcohol beverage lice	nse.		
	of				
(Officer / Director / Member / Manager / Ag	pent)	(Name of Corporation, Lim	ied Liability Company or Nonpro	olit Organization)	
which is making application for an alco	ohol beverage license.				
The above named individual provides the f	ollowing information to	the licensing authority			
1. How long have you continuously reside	d in Wisconsin prior to	this date? 69	irs		
2 Have you ever been convicted of any o	ffenses (other than tra-	ffic unrelated to alcohol	peverages) for		
violation of any federal laws, any Wisco	onsin laws, any laws of	any other states or ordi	nances of any county		
or municipality?	####			Yes 🔀 No	
If yes, give law or ordinance violated, tr	ial court, trial date and	penalty imposed, and/o	r date, description and		
status of charges pending. (If more room	n is needed, continue on .	reverse side of this form.)			
3. Are charges for any offenses presently	ponding against you (	other than traffic unrelate	ed to alcohol beverage:		
for violation of any federal laws, any W	sconsin laws, any law	of other states or ordin	ances of any county or		
municipality?			************	Yes 🔀 No	
If yes, describe status of charges pendi	ng.				
4 Do you hold, are you making application	n for or are you an office	er, director or agent of a	a corporation/nonprofit		
organization or member/manager/agen	t of a limited liability co	mpany holding or apply	ng for any other alcoho	o!	
beverage license or permit?					
If yes, identify.	Mamo	. Location and Type of License/Pe	onit		
5. Do you hold and/or are you an officer, o	100000000000000000000000000000000000000			or	
member/manager/agent of a limited liab	allector, stockholder, at	or applying for a wholes	ale beer permit.	·'	
brewery/winery permit or wholesale liqu	ior, manufacturer or re	ctifier permit in the State	of Wisconsin?	Yes X No	
If yes, identify.		·			
	lesale Licensee or Permittee)		(Address By City and	d County)	
6. Named individual must list in chronolog		loyers.			
	mployer's Address	=======================================	Employed From	То	
INSINK ERATOR	4700 218F ST	RACINE WI	MAY 17 1984 Employed From	AUL 5, 2017	
21/0/2011	malaune's Address		Employed From	To	
FRANK BOYCHER 8	600 WASHINGTO	N AVE RACINE W	SEPT 05, 2017	MAY 07, 2022	
CHEUROLET AND CADILLAL			120	3 <b>5</b> 0)	
	I ladas nanalhi provida	d by law the undersigned	d states that each of t	he above questions has	

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.

Jun C. Mules W

## **Serving Alcohol**

is proud to present this certificate to

### James Muleski

for successful completion of the online course



### Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at servingalcohol.com

**Verification Code** 

LcvpsA23vs

Date Issued

Jul 7th, 2023

**VALID FOR 2 YEARS** 

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders
license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: James Muleski

Certification Date: Jul 7th, 2023

**Certificate Code: LcvpsA23vs** 

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC VALID FOR 2 YEARS