205

Form AB-101

Alcohol Beverage Appointment of Agent

Date		

Limited Liability Company Corporation Nonprofit Organization	Agent Type (check one)				
Legal Business Name (Individual name if sole proprietor) Harbour Wall Hotel Imited Partnership Business Trade Name or DBA Radis Son Im Harbourway Lentity Type (check one) Limited Liability Company Corporation Nonprofit Organization Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit Describe the reason for appointing a successor agent, if successor agent, provide State Permit or Municipal Retail License Number Municipal Retail License State Permit Describe the reason for appointing a successor agent, if successor is checked above. We are Changing managers at the previous managers Agent Information Last Name 2. First Name Poxanne Schuebel Floring Floring Floring Schuebel Floring State Floring	Original (no fee) Successor (\$10	fee for municipal licen	sees only)		
Legal Business Name (Individual name if sole proprietor) Harbour Wall Hotel Imited Partnership Business Trade Name or DBA Radis Son Im Harbourway Lentity Type (check one) Limited Liability Company Corporation Nonprofit Organization Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit Describe the reason for appointing a successor agent, if successor agent, provide State Permit or Municipal Retail License Number Municipal Retail License State Permit Describe the reason for appointing a successor agent, if successor is checked above. We are Changing managers at the previous managers Agent Information Last Name 2. First Name Poxanne Schuebel Floring Floring Floring Schuebel Floring State Floring					
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Describe the reason for appointing a successor agent, if successor is checked above. Changing managers as the previous managers agent that returned Previous managers Previous man	☐ Limited Liability (Company	Corporation	☐ Nonprofit Org	ganization
Describe the reason for appointing a successor agent, if successor is checked above. We are changing managers as the previous manager/ agent has retired. Sagent Information Last Name Coxanne Email Yoxanne, Schuebel & Hilton, com Email Yoxanne, Schuebel & Hilton, com Schuebel & State 9. Zip Code 10. Age, Ul	. Alcohol Beverage Business Authorization (check one)	1	r agent, provide Sta	te Permit or Municipal Re	tail License Num
Part C: Agent Questions City Raine Drivers License/State ID Number Part C: Agent Questions Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Have you been a Wisconsin resident for at least 90 continuous days?			ove		
Part B: Agent Information Last Name Chulbel Email YOXANNE, Schulbel Hilton. COM Sphone 242-900-8735 Home Address 2202 Carlisle Are B. State 9. Zip Code Wil 53404 I. Drivers License/State ID Number Part C: Agent Questions Have you satisfied the responsible beverage server training requirement? Submit proof of completion. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?. Have you been a Wisconsin resident for at least 90 continuous days?. Syres N.					
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Part D: Business Attestation		
beverage activities on such premises. I ce on behalf of the entity. If I am appointing a I understand that I may be prosecuted for	, the Undersigned, authorize the above-named incited liability company with full authority and control britify that I am authorized by the above-named entity auccessor agent, I rescind all previous agent appoints appointed to the submitting false statements and affidavits in connecting false information on this application may be required.	of the premises and of all alcohol ty to authorize this individual to act intraents for this premises. Further,
Last Name Exercis	First Name JUNES	M.L
Title member	JEvaves CEvaves Hospitaii	14 cm 1912 954 3320
Signature	ravis Date	
Part E: Agent Attestation		
on the premises for the above-named hus	the Agent, herby accept this appointment as agent impany and assume full responsibility for the conductiness. I further understand that I may be prosecute ation, and that any person who knowingly provides rore than \$1,000 if convicted.	of all alcohol beverage activities
Schuebel	FirstName Koxanne	M.J.
Signeture XXXIII	ael Date	5/24/24

Form

AB-100

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

	: Business Informati								
1. Legal	Business Name (individual	name.if so	le proprietor)	1	¥		7.1	. ~	s. X
			(Ma	bour	Valk Hotel	Unut	ed Da	rthorship
2. Busine	ess Trade Name or DBA					161			
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71777.5177.320-517.	Type (check one)						_		
	ole Proprietor 📮 P	artnership	D ∐ Limited	Liabilit	y Compa	ny 🗌 Corpor	ation 🔲 I	Nonprofit Org	ganization
Part B	: Individual Informat	ion							
1. Last N	The state of the s			2,-Fi	rst Name			3	B. M.I.
	Schuebel			- 4	Koxa	inne		-	N
4. Relatio	onship to Business (Title)		5. Email				6	3. Phone	
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8. City-	\				9. State	10. Zip Code	. 1	1. Date of Birt	h
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12. Drive	rs License/State ID Number	7				13. Drivers Licens	se/State ID State	of Issuance	
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Part C									
4 5									
1. Do yo	ou currently reside in Wis	sconsin?						📜 Ye	s No
	ou currently reside in Wis							Years	s No Months
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If yes	ou currently reside in Wis	ave you co	ontinuously lived in	Wisc	onsin prio	to the date of app	lication?	Years 45	Months
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Continued \rightarrow

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Part D: Criminal History					
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	_		0 ,	_	N₀
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets a	as needed.		
Law/Ordinance Violated Location				Conviction Date	
Penalty Imposed		Was senter	nce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senter	nce completed?	. 🗌 Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senter	nce completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county o	r municipał	, 🗌 Yes	IJ No
					3
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sub	tue to any inv ed contrary to mitting false	olvement in another o Wis. Stat. Chapter statements and affid	r tier of the r 125 shall I avits in coni	alcohol be void nection
Signature Vino Gel			Date 5/28/3	14	

Serving Alcohol

is proud to present this certificate to

Roxanne Schuebel

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

1j8kjP8pvs

Date Issued

May 24th, 2024

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: Roxanne Schuebel

Certification Date: May 24th, 2024

Certificate Code: 1j8kjP8pvs

Verify Online: servingalcohol.com 125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card